












For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation ABRA PRENTICE FOUNDATION INC		A Employer identification number 36-3092281	
Number and street (or P.O. box number if mail is not delivered to street address) 980 N MICHIGAN AVE NO 1360		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60611		B Telephone number (see instructions) (312) 640-1362	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 53,488,606		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
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)	2,775,056			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	739,719	739,719		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,194,133			
	b Gross sales price for all assets on line 6a 12,327,610				
	7 Capital gain net income (from Part IV, line 2) . . .		1,194,133		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	460	460		
	12 Total. Add lines 1 through 11 . . . . .	4,709,368	1,934,312		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .	25,000	0		25,000
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	5,086	0		5,086
	b Accounting fees (attach schedule) . . . . .	12,635	0		12,635
	c Other professional fees (attach schedule) . . . . .	350,653	333,120		17,533
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	30,690	8,777		1,913
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	29,325	26,335		2,990
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	453,389	368,232		65,157
	25 Contributions, gifts, grants paid . . . . .	2,100,000			2,100,000
	26 Total expenses and disbursements. Add lines 24 and 25	2,553,389	368,232		2,165,157
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	2,155,979			
	b Net investment income (if negative, enter -0-)		1,566,080		
	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	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	2,517,093	2,032,538	2,032,538
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)	5,233,393 	5,975,489	6,093,628
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	14,069,815 	15,285,017	23,554,706
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	13,795,049 	13,658,211	14,471,446
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	4,440,571 	4,464,587	7,335,181
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	 0 	 1,107 	 1,107	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	40,055,921	41,416,949	53,488,606	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	40,055,921	41,416,949	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	0	0	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	40,055,921	41,416,949	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	40,055,921	41,416,949		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	40,055,921
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	2,155,979
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____ 	<b>3</b>	919,184
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	43,131,084
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____ 	<b>5</b>	1,714,135
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	41,416,949

**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.)
<b>1 a</b> PUBLICLY TRADED SECURITIES			
<b>b</b> CAPITAL GAIN DISTRIBUTIONS			
<b>c</b> FROM WLR RECOVERY IV INVESTORS LLC	P		
<b>d</b> FROM METROPOLITAN RE PRTS V	P		
<b>e</b> FROM METROPOLITAN RE PRTS II	P		

(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)
<b>a</b> 12,311,774		11,136,022	1,175,752
<b>b</b> 15,836			15,836
<b>c</b>			1,489
<b>d</b>			-406
<b>e</b>			1,462

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			1,175,752
<b>b</b>			15,836
<b>c</b>			1,489
<b>d</b>			-406
<b>e</b>			1,462

<b>2</b> Capital gain net income or (net capital loss)	2	1,194,133
<b>3</b> 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))
2018	2,270,157	45,200,875	0.050224
2017	2,037,614	44,023,111	0.046285
2016	1,986,556	41,119,243	0.048312
2015	1,794,551	40,468,374	0.044345
2014	1,721,834	38,771,624	0.044410

<b>2</b> Total of line 1, column (d)	2	0.233576
<b>3</b> 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	0.046715
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	48,415,872
<b>5</b> Multiply line 4 by line 3	5	2,261,747
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	15,661
<b>7</b> Add lines 5 and 6	7	2,277,408
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	2,165,157

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	31,322
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	31,322
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	31,322
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	37,520
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	37,520
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	6,198
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 6,198 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>\$</b> 0 <b>(2)</b> On foundation managers. <b>\$</b> 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$</b> 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	Yes	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>IL</b>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>	<b>Yes</b>	
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> KIM PIOTROWSKI Telephone no. <b>▶</b> (312) 640-1360			

Located at **▶** 980 N MICHIGAN AVE SUITE 1360 CHICAGO ILZIP+4 **▶** 60611

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>			

**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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . . <input type="checkbox"/>	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . <input type="checkbox"/>	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				<b>0</b>

**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. . . . .		0

**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
<b>1</b> NOT APPLICABLE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> NOT APPLICABLE	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	40,371,716
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	2,274,815
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	6,506,639
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	49,153,170
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	49,153,170
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	737,298
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	48,415,872
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,420,794

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,420,794
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	31,322
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	156
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	31,478
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,389,316
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,389,316
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,389,316

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,165,157
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,165,157
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,165,157

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				2,389,316
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			2,076,871	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 2,165,157				
<b>a</b> Applied to 2018, but not more than line 2a			2,076,871	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				88,286
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				2,301,030
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . .

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

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

**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 . . . . .

## Part XV

**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).)

**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 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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,100,000
<b>b</b> <i>Approved for future payment</i> AMERICAN WRITERS MUSEUM 180 N MICHIGAN AVE SUITE 300 CHICAGO, IL 60601	NONE	PUBLIC	WRITE IN PROGRAM	150,000
<b>Total</b> . . . . .			<b>3b</b>	150,000

Enter gross amounts unless otherwise indicated.

[illegible]

## Part XVII

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>		<b>No</b>
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<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-11-10</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
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May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	ALAN H SPIGELMAN		2020-11-10		
	Firm's name ► RSM US LLP				Firm's EIN ► 42-0714325
	Firm's address ► 1 S WACKER DR STE 800 CHICAGO, IL 606063392				Phone no. (312) 634-3400

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

**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
ABRA PRENTICE WILKIN 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	PRESIDENT & DIRECTOR 1.00	0	0	0
LOUIS S HARRISON 333 W WACKER DRIVE SUITE 1700 CHICAGO, IL 60606	SECRETARY & VICE PRESIDENT 0.25	0	0	0
JAMES WILKIN 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	TREASURER & DIRECTOR 0.50	0	0	0
ABRA A WILLIAMS 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	DIRECTOR 0.50	0	0	0
ANTHONY R ANDERSON 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	DIRECTOR 0.50	0	0	0
LORETTA W COONEY 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	DIRECTOR 0.25	0	0	0
GEORGE M COVINGTON 980 N MICHIGAN AVENUE SUITE 1360 CHICAGO, IL 60611	DIRECTOR 0.25	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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN WRITERS MUSEUM 180 N MICHIGAN AVE SUITE 300 CHICAGO, IL 60601	NONE	PUBLIC	WRITE IN PROGRAM	50,000
CALM CLASSROOM 1126 HILLCREST AVENUE HIGHLAND PARK, IL 60035	NONE	PUBLIC	MINDFULNESS-BASED SOCIAL PROGRAMS FOR TEN CHICAGO PUBLIC SCHOOLS	25,000
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	NONE	PUBLIC	HORTICULTURAL THERAPY SERVICES	40,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 60644	NONE	PUBLIC	SCHOLARSHIPS	25,000
COMMUNITY CLINIC 5425 ADDISON STREET CHICAGO, IL 60641	NONE	PUBLIC	GENERAL*	20,000
COMPASS TO CARE 6776 NORTHWEST HWY SUITE 1D CHICAGO, IL 60631	NONE	PUBLIC	SUPPORT ACCESS LIFE PROGRAM	40,000
<b>Total . . . . . ▶ 3a</b>				2,100,000



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)				
<b>a</b> <i>Paid during the year</i>				
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	NONE	PUBLIC	SUPPORT HEALTH AND WELLNESS PROGRAM	15,000
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST SUITE 1250 CHICAGO, IL 60606	NONE	PUBLIC	SCHOLARSHIPS AND BRIDGE TO EXCELLENCE SUMMER PROGRAM	125,000
ENVIRONMENTAL LAW & POLICY CENTER 35 EAST WACKER DRIVE STE 1600 CHICAGO, IL 60601	NONE	PUBLIC	GREAT LAKES AND MIDWEST WILD AND NATURAL PLACES PROTECTION PROJECT	50,000
<b>Total . . . . .</b> ► <b>3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
FRANCISCAN OUTREACH 1645 W LEMOYNE STREET CHICAGO, IL 60622	NONE	PUBLIC	GENERAL*	15,000
FRIENDS OF THE CHICAGO RIVER 411 S WELLS STREET STE 800 CHICAGO, IL 60607	NONE	PUBLIC	CHICAGO RIVER ECO-WARRIORS (CREW) VOLUNTEER PROGRAM	50,000
GLENWOOD ACADEMY 500 WEST 187TH STREET GLENWOOD, IL 60425	NONE	PUBLIC	SERVE, NURTURE AND EDUCATE AT-RISK CHILDREN	25,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
HOPE FOR THE DAYPO BOX 13015 CHICAGO, IL 60613	NONE	PUBLIC	PEERVENTION PROGRAM	10,000
JOSSELYN CENTER 405 CENTRAL AVENUE NORTHFIELD, IL 60093	NONE	PUBLIC	THERAPEUTIC MENTAL HEALTH SUMMER CAMP	10,000
JUNIOR ACHIEVEMENT 651 W WASHINGTON SUITE 404 CHICAGO, IL 60661	NONE	PUBLIC	WHOLE SCHOOL PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

**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)				
<b>a</b> <i>Paid during the year</i>				
KIDS EQUIPMENT NETWORK PO BOX 465 ITASCA, IL 60143	NONE	PUBLIC	SUPPORT 3 EQUIPMENT PROGRAMS AND ADMINISTRATIVE SALARY	25,000
LAVA MAE1015 FILLMORE STREET 379 SAN FRANCISCO, CA 94115	NONE	PUBLIC	POP UP CARE VILLAGES PROGRAM	40,000
LYDIA HOME ASSOCIATION 4300 W IRVING PARK ROAD CHICAGO, IL 60641	NONE	PUBLIC	SAFE FAMILIES PROGRAM IN CHICAGO	25,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

**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)				
<b>a</b> <i>Paid during the year</i>				
MEALS ON WHEELS 314 W SUPERIOR ST SUITE 300 CHICAGO, IL 60654	NONE	PUBLIC	HOLIDAY MEALS PROGRAM	40,000
MERIT SCHOOL OF MUSIC 38 S PEORIA STREET CHICAGO, IL 60607	NONE	PUBLIC	INSTRUMENTAL MUSIC AND VOCAL PROGRAM	25,000
NEW MOMS5317 W CHICAGO AVENUE CHICAGO, IL 60651	NONE	PUBLIC	OPERATING SUPPORT FOR YOUNG, HOMELESS AND HIGH- RISK MOTHERS	25,000
<b>Total . . . . .</b> ► <b>3a</b>				2,100,000

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)				
<b>a</b> Paid during the year				
NORTHSIDE HOUSING 4410 N RAVENSWOOD STE 101 CHICAGO, IL 60640	NONE	PUBLIC	PERMANENT HOUSING PROGRAM	15,000
PACIFIC GARDEN MISSION 1458 S CANAL ST CHICAGO, IL 60607	NONE	PUBLIC	SUPPORT NEW IN-HOUSE SUBSTANCE ABUSE RECOVERY PROGRAM	25,000
PUBLIC BROADCASTING SYSTEMS FOUNDATION 2100 CRYSTAL DRIVE ARLINGTON, VA 22202	NONE	PUBLIC	PBS GREAT PERFORMANCES	150,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
RECIPE FOR CHANGEPO BOX 57 WINNETKA, IL 60693	NONE	PUBLIC	OPERATING SUPPORT FOR CULINARY PROGRAMMING AND NEW WOMEN'S PROGRAM	50,000
SARAH'S CIRCLE 4838 N SHERIDAN ROAD CHICAGO, IL 60640	NONE	PUBLIC	INTERIM HOUSING PROGRAM	60,000
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	PUBLIC	HEALTHY ATHLETES PROGRAM	25,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> Paid during the year				
ST JOSEPH SERVICES 1501 N OAKLEY BOULEVARD CHICAGO, IL 60622	NONE	PUBLIC	GENERAL*	10,000
THE CENTER OF CONCERN 1665 ELK BOULEVARD DES PLAINES, IL 60016	NONE	PUBLIC	PROVIDE HOUSING, COUNSELING AND SUPPORT FOR SENIORS AND DISABLED	50,000
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	PUBLIC	EMERGENCY SUPPORT TO HOMELESS FAMILIES	70,000
<b>Total . . . . . ▶ 3a</b>				2,100,000



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)				
<b>a</b> <i>Paid during the year</i>				
THE WETLANDS INITIATIVE 53 W JACKSON SUITE 1015 CHICAGO, IL 60604	NONE	PUBLIC	RESTORE INDIAN RIDGE MARSH	30,000
TUTORING CHICAGO 303 W MADISON STE 750 CHICAGO, IL 60606	NONE	PUBLIC	GENERAL*	25,000
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVENUE GURNEE, IL 60031	NONE	PUBLIC	CHILDREN'S PROGRAM	15,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
ZOOLOGICAL SOCIETY OF PITTSBURGH 7340 BUTLER STREET PITTSBURGH, PA 15206	NONE	PUBLIC	ZOO AND AQUARIUM ARCHIVE PROJECT	25,000
ST CHRYSOTOM'S CHURCH & DAY SCHOOL 1424 N DEARBORN STREET CHICAGO, IL 60610	NONE	PUBLIC	CAPITAL CAMPAIGN	500,000
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	NONE	PUBLIC	SUMMERTIME FOOD PROGRAM	5,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR ENRICHED LIVING 280 SAUNDERS ROAD RIVERWOODS, IL 60015	NONE	PUBLIC	"CAREER ACADEMY" FOR THE DEVELOPMENTALLY DISABLED	15,000
FREE WHEELCHAIR MISSION 15279 ALTON PKWY 300 IRVINE, CA 92618	NONE	PUBLIC	FREE WHEELCHAIRS TO PEOPLE IN DEVELOPING COUNTRIES	10,000
SHELBURNE FARMS1611 HARBOR ROAD SHELBURNE, VT 05482	NONE	PUBLIC	EDUCATION PROGRAMS IN FARMING SUSTAINABILITY	25,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

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)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	PUBLIC	PULLMAN PARKS DEVELOPMENT AND ESTABLISH TRAILS	25,000
GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	NONE	PUBLIC	DONOR ADVISED FUND	280,000
<b>Total . . . . . ▶ 3a</b>				2,100,000

**TY 2019 Accounting Fees Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAX PREPARATION AND CONSULTING	12,635	0		12,635

**TY 2019 Investments Corporate Bonds Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
GOLDMAN SACHS - CNTRL TAXBL - CORP BONDS	5,941,653	6,078,566
GOLDMAN SACHS - SPX B+	3,063,000	3,423,858
GOLDMAN SACHS - BETA	1,965,000	2,216,720
GOLDMAN SACHS - US YIELD	1,029,000	1,104,840
GOLDMAN SACHS - TACTICAL AD - BONDS	1,659,558	1,647,462

**TY 2019 Investments Corporate Stock Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
GOLDMAN SACHS - YACKTMAN	1,743,304	2,704,350
GOLDMAN SACHS - DSM: LCG	2,711,881	4,540,474
GOLDMAN SACHS - EAGLE - DYNAMIC EQ	2,107,257	3,403,061
GOLDMAN SACHS - TACTICAL AD - EQUITIES	3,663,360	5,004,302
GOLDMAN SACHS - BOSTON LCV	3,531,030	4,297,709
GOLDMAN SACHS - INDEX	1,516,527	1,688,755
GOLDMAN SACHS - ADV EQUITIES	11,658	1,916,055

**TY 2019 Investments Government Obligations Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**US Government Securities - End  
of Year Book Value:**

5,975,489

**US Government Securities - End  
of Year Fair Market Value:**

6,093,628

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0



**TY 2019 Investments - Other Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
GOLDMAN SACHS - INVESTMENT BROKERAGE	AT COST	1,827,022	1,445,932
METROPOLITAN REAL ESTATE PARTNERS V, LP	AT COST	38,796	40,247
METROPOLITAN RE PARTNERS INTERNATIONAL II, LP	AT COST	59,061	24,791
WLR RECOVERY IV INVESTORS, LLC	AT COST	20,211	44,863
DYNAMIC EQUITY (NON-US EQUITY) OFFSHORE LP	AT COST	1,000,000	3,132,837
GS HEDGE FUND PORTFOLIO PLC CLASS B	AT COST	1,358,301	2,191,574
PROGRESS RESIDENTIAL ACCESS, LP	AT COST	29,766	320,639
VINTAGE VII AIV OFFSCHORE SCSP	AT COST	19,959	19,498
PETERSHILL PRIVATE EQUITY OFFSHORE LP	AT COST	35,224	39,635
CHINA-US INDUSTRIAL COOPERATION PARTNERSHIP	AT COST	76,247	75,165

**TY 2019 Legal Fees Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	5,086	0		5,086

## TY 2019 Other Assets Schedule

**Name:** ABRA PRENTICE FOUNDATION INC

**EIN:** 36-3092281

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDEND RECEIVABLE		1,107	1,107

**TY 2019 Other Decreases Schedule**

**Name:** ABRA PRENTICE FOUNDATION INC  
**EIN:** 36-3092281

Description	Amount
MARKET VALUE IN EXCESS OF BASIS OF SECURITIES RECEIVED FROM DONATION	1,714,135

**TY 2019 Other Expenses Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PORTFOLIO EXPENSES THROUGH K-1'S	25,151	25,151		0
RECLAIMABLE TAXES	1,184	1,184		0
PROFESSIONAL MEMBERSHIPS	750	0		750
MEETING EXPENSES	739	0		739
PAYROLL PROCESSING	1,218	0		1,218
OFFICE EXPENSE	283	0		283

**TY 2019 Other Income Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
METROPOLITAN RE PTRS V, LP K-1	-567	-567	-567
METROPOLITAN RE PTRS INT'L II, LP K-1	-21	-21	-21
WLR RECOVERY IV K-1	30	30	30
CHINA-US IND COOP LP K-1	1,018	1,018	1,018

**TY 2019 Other Increases Schedule**

**Name:** ABRA PRENTICE FOUNDATION INC  
**EIN:** 36-3092281

Description	Amount
MARKET VALUE IN EXCESS OF BASIS OF SECURITIES DONATED	919,184

**TY 2019 Other Professional Fees Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GOLDMAN SACHS INVESTMENT MANAGEMENT FEES	350,653	333,120		17,533



**TY 2019 Taxes Schedule****Name:** ABRA PRENTICE FOUNDATION INC**EIN:** 36-3092281

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GOLDMAN SACHS - FOREIGN TAXES	8,777	8,777		0
FEDERAL TAXES	20,000	0		0
PAYROLL TAXES	1,913	0		1,913

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization ABRA PRENTICE FOUNDATION INC		Employer identification number 36-3092281

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 33<sup>1</sup>/<sub>3</sub>% 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  
ABRA PRENTICE FOUNDATION INC

Employer identification number  
36-3092281

**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	ABRA PRENTICE WILKIN 179 EAST LAKE SHORE DRIVE CHICAGO, IL 606111651	\$ 1,725,056	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	ABRA PRENTICE WILKIN 179 EAST LAKE SHORE DRIVE CHICAGO, IL 606111651	\$ 1,050,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization ABRA PRENTICE FOUNDATION INC	Employer identification number 36-3092281
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
1	11,382 SHS MSFT	\$ 1,725,056	2019-12-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Employer identification number

36-3092281

**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	
	_____	_____	
	_____	_____	
	_____	_____	
(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	
	_____	_____	
	_____	_____	
	_____	_____	