# 

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Fo	or cale	ndar.year 2019 or tax year beginning	-	, 2019, ar	nd ending	-	, 20
Name of foundation						r identification number	er
G!	RANDY	FOUNDATION V			36-3	563806	
		d street (or P O box number if mail is not delivered to street address)		Room/suite		e number (see instruct	rions)
4	85 HA	ALF DAY ROAD 🗸		200	(847	883-9700 🗸	•
		n, state or province, country, and ZIP or foreign postal code				tion application is pend	ling, check here ▶ □
BI	UFFAT	O GROVE IL 60089 🗸					,
			n of a former p	oublic cha	rity D 1. Foreig	n organizations, check	here ▶□
		☐ Final return ☐ Amended				-	_
		☐ Address change ☐ Name cha	inge			n organizations meeting here and attach compi	
H	Chec	k type of organization: X Section 501(c)(3) exempt p		tion 🔼	<u>/k</u>	foundation status was	_
$\Box$		on 4947(a)(1) nonexempt charitable trust   Other ta				07(b)(1)(A), check here	
ī		market value of all assets at J Accounting method					L 4
		of year (from Part II, col. (c), Other (specify)	$v^{\perp}$	_	11 11 11 10 10 10	ndation is in a 60-mont ction 507(b)(1)(B), chec	th termination k here ►
		6) ► \$ 2,754,865. (Part I, column (d), must b	e on cash basis	 s.)	· <del>-</del>		_
	Part I		1		<del></del>	:	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a expenses per		Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books		income	income	(cash basis only)
ゟŢ	1	Contributions, gifts, grants, etc., received (attach schedule)		\$\f\\$\ta			
X	2	Check ► ☑ if the foundation is not required to attach Sch. D					Total and immunitation of the bridge
N	3	Interest on savings and temporary cash investments	3	91.	The second secon	Try growing was annual to be a few and a few a	
	4	Dividends and interest from securities			65,522!>	,	07.7877834438
	5a	Gross rents			00,0220		richelle karte
	Ь	Net rental income or (loss)		REP IN			71977 SK
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	17,0	911			day that have not the
5	Ь	Gross sales price for all assets on line 6a 50,000.			6a Stmt	and the second	K-rot-material
Revenue	7	Capital gain net income (from Part IV, line 2)		P (V)		MANAGEMENT.	0014-70-11-0-12-7
Æ	8	Net short-term capital gain	(15. CUM 11. T)	45/3 <b>10</b> /1			191 - Carlos (S. 14)
	9	Income modifications	9992 ( POP )				W. Table 1 Age 1/4
	10a	Gross sales less returns and allowances	140.00	1:12 10/6			213 21 1 2 16 3
	Ь	Less: Çoşt of goods sold			jednomial krimosom er i gr "andagomia") — grouppining "		an and hard of the state of the
	С	Gross profit or (loss) (attach schedule)		M.S.			V.7.1.2.3.5
	11	Other income (attach schedule) See. Stmt			4,995 £	7	#14.799•/###################################
	12	Total. Add lines 1 through 11	17,4	851/	78,678.	DECEIVE	<b>5</b> - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	13	Compensation of officers, directors, trustees, etc.				アログラ	70
Sei	14	Other employee salaries and wages			-	200	
sesued	15	Pension plans, employee benefits			80	NOV (2 3)202	<u> </u>
		Legal fees (attach schedule)			ا ا		<u> </u>
Ш	Ь	Accounting fees (attach schedule)				OGDEN, L	JT L
Ě	C	Other professional fees (attach schedule) L-16c .Stmt.	12,6	72./	6,67 <del>2</del> ;		6,000!
Ta	17	Interest					
is	18	Taxes (attach schedule) (see instructions) See. Stmt	1,0	00./	2,801	<u>r</u>	
Administrative Ex	19	Depreciation (attach schedule) and depletion					A-477 P 12 14 1
호	20	Occupancy					
		Travel, conferences, and meetings					
and	22	Printing and publications				1	
Ď	23	Other expenses (attach schedule) See. Stmt .	3,4	10.1	14,805,		3,110.
Ħ	24	Total operating and administrative expenses.					_
Operating		Add lines 13 through 23	17,0		24,278.	HOLDERSTEIN AND A STORE WAS ALL WAS TO	9,110.
ă	- 25	Contributions, gifts, grants paid	130,0				130,000.
_	26	Total expenses and disbursements. Add lines 24 and 25	147,0	82.1	24,278.	Sample and the second s	139,110.
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-129,5	97!		#)	
	b	Net investment income (if negative, enter -0-) .	2 44 WHI		54,400:	DASTA SEPTEMBER	1287 3 7 6 ( X 3 7 7 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	С	Adjusted net income (if negative, enter -0-)	75.57	MAN SA	26142300123		STAPE STA

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019) 920

Pá	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)		(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	161,997.	17,253.	17,253.
	2	Savings and temporary cash investments		7	
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			11 Y
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶	<b>建</b>		
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		·	_
Ä	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) L-10b Stmt	1,563,161.	1,578,308.	2,207,753.
	С	Investments—corporate bonds (attach schedule) L-10c Stmt	434,000.	434,000.	529,859.
	11	Investments—land, buildings, and equipment. basis ▶	(#W/ 4/#W) FWF	7.00	
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments – mortgage loans			_
	13	Investments—other (attach schedule)	6		
	14	Land, buildings, and equipment: basis ▶	7,000		
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	2,159,158.	2,029,561.	2,754,865:
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
Liabilities	19	Deferred revenue			
壹	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			H. W. C.
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)			
es		Foundations that follow FASB ASC 958, check here ▶ □			
alances		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions			
Ä	25	Net assets with donor restrictions			
<u>n</u>		Foundations that do not follow FASB ASC 958, check here ► 🗵			
교		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	28	Retained earnings, accumulated income, endowment, or other funds	2,159,158.	2,029,561.	
Net Assets or Fund B	29	Total net assets or fund balances (see instructions)	2,159,158.	2,029,561.	
et	30	Total liabilities and net assets/fund balances (see		ص م	
		instructions)	2,159,158	2,029,561.	
	rt III	Analysis of Changes in Net Assets or Fund Balances		·-	
1		I net assets or fund balances at beginning of year-Part II, colu			
		of-year figure reported on prior year's return)		<del></del>	2,159,158.
2		r amount from Part I, line 27a			-129,597.··
3		er increases not included in line 2 (itemize) ▶			
4		lines 1, 2, and 3		4	2,029,561.
5	Decr	reases not included in line 2 (itemize) ►  I net assets or fund balances at end of year (line 4 minus line 5)—		5	
6	Total	I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 29 <b>6</b> _	2,029,561.

Part	(IV Capital Gains and	Losses for Tax on Investme	ent Income			
		nd(s) of property sold (for example, real esta ise, or common stock, 200 shs MLC Co)	ate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )
1a	FROM K-1 MFC INTER	NATIONAL EMERGING MKTS	LLC	P	VARIOUS	VARIOUS
b	FROM K-1 MFC INTER	NATIONAL FUND LLC		P	VARIOUS	VARIOUS
		TION PROTECTION FUND LI	,С	P	VARIOUS	VARIOUS
	FROM K-1 MFC LARGE	CAP FUND LLC	<u> </u>	P	VARIOUS	VARIOUS
<u>е</u>	See Statement	<del></del>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	1 ' '	ain or (loss) s (f) minus (g))
a	0.			7,866.		
<u>b</u>	0.			1,430.		-1,430./
<del>c</del>	297.			0.		297.
<u>d</u>	8,310.			0.		8,310.
<u>         e                           </u>	8,850.	owing gain in column (h) and owned by	the foundation	0.		8,850.
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but n	ol (h) gain minus ot less than -0-) <b>or</b> (from col (h))
а						-7,866.
<u>b</u>						-1,430.
СС	0.	0.		0.		297.
<u>d</u>	0.	0.		0.		8,310.
е	0.	0.		0.		8,850.
2	Capital gain net income o	i mercaphariossi (	so enter in Pa enter -0- in Pai	•	2	8,161.
Part	Part I, line 8 V Qualification Und	I, line 8, column (c). See instruct	ed Tax on N	let Investment		8,161.
Was t		section 4942 tax on the distributa qualify under section 4940(e). Do n			pase period?	☐ Yes 🗵 No
1	Enter the appropriate amo	ount in each column for each year;	; see the instru	uctions before m	akıng any entries	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use a		(d) stribution ratio ) divided by col (c))
	2018	138,30	7	2,719,9	03.	0.050850
	2017	84,28	4	2,643,6	18.	0.031882
	2016	146,598	3.	2,368,4	22.	0.061897
	2015	45,455	5.	2,385,7	59.	0.019053
	2014	46,549	5.,	2,299,5	61.	0.020241
2	Total of line 1, column (d)				. 2	0.183923
3		for the 5-year base period—dividual bundation has been in existence if				0.036785
4	Enter the net value of non	charitable-use assets for 2019 fro	m Part X, line	5	. 4	2,600,890.
5	Multiply line 4 by line 3				. 5	95,674.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	544.
7	Add lines 5 and 6				. 7	96,218.
8		ons from Part XII, line 4 ater than line 7, check the box in F				139, 110. 1% tax rate. See the

3

Part.			₩-see	Instru	ictioi	าร)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and ent		1 3					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)							
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ► 🗵 and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizat	ons, enter 4% of	3000					
	Part I, line 12, col. (b)		リ					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only, others, enter -0-	-) 2			0.		
3	Add lines 1 and 2		<del></del>		5	44.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of					0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, ent	ter -0	. 5		5	44.		
6	Credits/Payments:	1						
а	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b> 5,40	7 <i>!</i>	7 W 15				
b	Exempt foreign organizations—tax withheld at source	6b				6.66		
С	Tax paid with application for extension of time to file (Form 8868)	6c	\.					
d	Backup withholding erroneously withheld	6d			<del>20 - 31</del>			
7	Total credits and payments. Add lines 6a through 6d		. 7		5,4	<u>07.</u>		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here [ ] if Form 222		8					
9	, and a second of the second o		9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of		10		4,8	<u>63.</u>		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax   4, 8	63. Refunded l	<u>►   11  </u>					
	VII-A Statements Regarding Activities	an land landation	الانامانية	88348X	Vac	No		
1a	During the tax year, did the foundation attempt to influence any national, state participate or intervene in any political campaign?	or local legislation	or ala it	1a	163	×		
_	· · · · · · · · · · · · · · · · · · ·			l'a				
b	Did it spend more than \$100 during the year (either directly or indirectly) for instructions for the definition			1b		×	_	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities published or distributed by the foundation in connection with the activities.	and copies of any r	materials					
С								
d	and the second s							
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶	· \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political	al expenditure tax in	nposed					
	on foundation managers. ► \$	•		*:A		11.14		
2	Has the foundation engaged in any activities that have not previously been report	ed to the IRS?		2		×		
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its gof incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformation of the IRS in its goal of the IRS			3	*4.7	×		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during			4a		×		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?			4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during			5		×	1	
	If "Yes," attach the statement required by General Instruction T.	•			-	W19		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	itisfied either:			4.7.6			
	By language in the governing instrument, or				4			
	By state legislation that effectively amends the governing instrument so that r	o mandatory directi	ions that					
				6	×			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), an	d Part XV	7	ם			
8a	Enter the states to which the foundation reports or with which it is registered. See	instructions.		<b>SS</b>	7	19:33		
	IL							
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? If "No," attach			8b	×			
9	Is the foundation claiming status as a private operating foundation within the me	aning of section 494	12(j)(3) or				/	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instru							
	complete Part XIV			9		×	1	
10	Did any persons become substantial contributors during the tax year? If "Yes," a							
	names and addresses	<u> </u>		10		<u>×</u>		

Par	VII-A Statements Regarding Activities (continued)			
		7.11.7E	Yes	No
11	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	11		× v
12	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	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>/</b> X	<u></u>
14	Website address ► N/A  The books are in care of ► ERIC F. ACHEPOHL  Telephone no. ► (847)	883-	9700	 )
	Located at ► 485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL ZIP+4 ► 6008		-	<b></b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	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.	公藏	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	<ul><li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ✓ No</li><li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a</li></ul>			
	disqualified person?	1992	100	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1000		
	<ul><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No</li><li>(5) Transfer any income or assets to a disqualified person (or make any of either available for</li></ul>			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. 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.)			
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	1b		×
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □		71	
С	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?	1c		×
2	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)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20, 20			
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.)			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
<b>L</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation of	150		
b	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	: (6)		
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			12.0
	foundation had excess business holdings in 2019.)	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Consideration	×
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?			×
	The first of the f	170	L	

Dage	c
Page	C

Par	VII-B Statements Regarding Activities	S TOT W	VINCII FOITH	4/20	iviay be r	require	a journin	nacaj			
5a	During the year, did the foundation pay or incur	any am	ount to:						然的	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☒ No										
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										0
	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 organization other than a charitable, etc., organization described in										74
	section 4945(d)(4)(A)? See instructions										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
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									7.73	×
	Organizations relying on a current notice regarding disaster assistance, check here									11.7	
С	If the answer is "Yes" to question 5a(4), does to	the four	ndation claim	exem	ption from	the tax					
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No			
	If "Yes," attach the statement required by Regul	ations s	section 53.49	45-5(d)					Sax A	2.5	+ 4
6a	Did the foundation, during the year, receive any		•	_		emiums					
	on a personal benefit contract?						☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premiur	ns, dıre	ctly or indire	ctly, on	a persona	benefit	contract	? .	6b	0.00.Z.	X
	If "Yes" to 6b, file Form 8870.					_	_	677			
7a	At any time during the tax year, was the foundation									ĽiAP	900
b	If "Yes," did the foundation receive any proceed		•					n? .	7b	- L A 187	850°C 886
8	Is the foundation subject to the section 4960 ta							<u> </u>			
Dow	remuneration or excess parachute payment(s) d							X No		[ 第]	E STORY
Par	Information About Officers, Direct and Contractors	tors,	rustees, F	ounda	tion Man	agers,	mignly i	ald E	mpioy	ees,	
1	List all officers, directors, trustees, and found	lation r	managere ar	d thair	compans	ation S	ee inetri	uctions			
	List all officers, all colors, trastices, and round	<del>, </del>	nanagers ar	u uicii	Compens			400,0110			
		1 (b) Title	e, and average	(c) Co	mpensation	(d) (	Contribution	s to	(a) F		
	(a) Name and address	hou	e, and average rs per week ed to position	`´(lf r	mpensation not paid, iter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse acc allowan	
		hou devot	rs per week ed to position	`´(lf r		emplo		plans			
	1ILLER	hou devot	rs per week ed to position CTOR/VP	`´(lf r	not paid, ter -0-)	emplo	yee benefit	plans ensation			ces
485 H	MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	hou devot	rs per week ed to position  CTOR/VP  1.00	`´(lf r	ot paid,	emplo	yee benefit	plans			
485 H	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY	hou devot	rs per week ed to position CTOR/VP	`´(lf r	not paid, ter -0-)	emplo	yee benefit	plans ensation			ces
485 H J 485 H	ALLLER  ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089  JOY  ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	DIREC	rs per week ed to position  CTOR/VP  1.00  CTOR/VP	`´(lf r	not paid, iter -0-)	emplo	yee benefit	plans ensation 0.			0 .
485 H J. 485 H S. 1	AILLER  ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089  JOY  ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089  ALLLER	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00	`´(lf r	not paid, iter -0-)	emplo	yee benefit	plans ensation 0.			0 .
485 H J. 485 H S. 1	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCRETARY/PRESIDENT	`´(lf r	0 .	emplo	yee benefit	plans ensation 0.			0. 0.
485 H J. 485 H S. 1	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00	(If r	0. 0.	emplo and defe	yee benefit	O. O.	other :	allowan	0. 0.
485 H J. 485 H S. 1	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement  Compensation of five highest-paid employed	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00	(If r	0. 0.	emplo and defe	yee benefit	O. O.	other :	allowan	0. 0.
485 H J. 485 H S. 1 485 H See	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00	(If r	0. 0.	emplo and defe	yee benefit	O. O.	other :	allowan	0. 0.
485 H J. 485 H S. 1 485 H See	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement  Compensation of five highest-paid employed	DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00  er than thos	se inclusiverage	0. 0. uded on li	emplo and defi	yee benefit erred compe	0. 0. 0. uctions	other a	one, (	0. 0. 0. enter
485 H J. 485 H S. 1 485 H See	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement  Compensation of five highest-paid employed	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0.	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H J. 485 H S. 1 485 H See	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement  Compensation of five highest-paid employed "NONE."	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00  er than thos	se incluverage	0. 0. uded on li	emplo and defi	yee benefit erred compe	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H J. 485 H S. 1 485 H See	AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 AILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H 3. 485 H 5. 1 485 H See	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S  es (oth	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECCETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per v	se incluverage	0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter
485 H J	ALLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 JOY ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 MILLER ALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Statement Compensation of five highest-paid employed "NONE."  a) Name and address of each employee paid more than \$50,00	DIRECTOR/S DIRECTOR/S	rs per week ed to position  CTOR/VP  1.00  CTOR/VP  1.00  ECRETARY/PRESIDENT  1.00  2.00  er than those  (b) Title, and a hours per vice devoted to per devo	se incluverage veek position	0. 0. 0. uded on li	emplo and defi	see instr  (d) Contrib employee plans and o	0. 0. 0. uctions to benefit deferred	other a	one, (	0. 0. 0. enter

Part-VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	mployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		<u> </u>
	<u> </u>	-
		+
Total numb	per of others receiving over \$50,000 for professional services	0
Part IX-A		-1
	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
·		
2		
		-
3		
4		<del>                                     </del>
Part IX-E		
Describe t	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other p	ogram-related investments. See instructions	
3		
Total. Add	lines 1 through 3	
_		Form <b>990-PF</b> (2019

Part.	see instructions.)	gn iol	undations, 
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	2,511,925:
b	Average of monthly cash balances	1b	128,572.
c	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,640,497.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,640,497.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		_,,
•	instructions)	4	39,607.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,600,890.
6	Minimum investment return. Enter 5% of line 5	6	130,045.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		
	and certain foreign organizations, check here ▶ □ and do not complete this part.)	· . ·	
1	Minimum investment return from Part X, line 6	1	130,045.
2a			
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	544.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	129,501.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	129,501.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	129,501.
Part	XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	139,110.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	139,110.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	544.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	138,566.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019
1	Distributable amount for 2019 from Part XI, line 7				129,501.
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only	An a Maria de Calo	and the second	57,808.,	
b	Total for prior years. 20, 20, 20				-
3 a	Excess distributions carryover, if any, to 2019: From 2014				
a b	From 2014	44.75			
c	From 2016 0 .		or <u>market production</u> in the second of the		
d	From 2017 0.	Property of the second			
e	From 2018 0.				
f	Total of lines 3a through e	0.			\$27,407/A-2006
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$139,110.				
а	Applied to 2018, but not more than line 2a .	1 1		57,8085,	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount		<b>1</b>	9.045	81,3020
е	Remaining amount distributed out of corpus	0.	3.0	44	
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.	#	2 2.00 A	0.
6	Enter the net total of each column as indicated below:				
ą	Çorpuş. Add lineş 3f, 4c, and 4e. Subtract line 5	0.		inniminimina marana manana manana sa 150 sa	introduction in a company of the com
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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	95 100 100 100 100 100 100 100 100 100 10			
d	Subtract line 6c from line 6b. Taxable amount—see instructions	The distance of	0.	damenta a	
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				48,199 <b>⋰</b>
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 1912(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.	anton Tear (1887)	million (1900) and the control of th	and the second second
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.		3435 4-	
10	Analysis of line 9:				
a	Excess from 2015 0 .			Committee that is a second	t in engl
b	Excess from 2016				
c d	Excess from 2017 0.  Excess from 2018 0.				
u A	Excess from 2019			777	all and the state of the state

_	4	
Page	1	۱

	30-PF (2019)					Page 10
Part	XIV Private Operating Founda	tions (see instru	uctions and Part	VII-A, question	9)	N/A
1a	If the foundation has received a ruling	<i>-</i>				
	foundation, and the ruling is effective for		_			
b	Check, box to indicate whether the four		operating founda		ection 🗌 4942(j)(	3) or 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	
	each year listed			<u> </u>		
b	85% of line 2a				1	
С	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 .					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test-enter		1			
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test—enter:		<del> </del>			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				the foundation l	nad \$5,000 or mo	ore in assets at
	any time during the year-	see instruction	ns.)			
1	Information Regarding Foundation	-				
а	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o		ontributed more th	nan \$5,000). (See :	section 507(d)(2).)	
	J. MILLER, J. JOY, S. MILLI			1 6		
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
	· · · ·	inty) of which the	iounuation nas a	10% of greater in	iejesi.	
	NONE	Cross City Los	n Cabalanahin a	nto December		
2	Information Regarding Contribution Check here ► 🗵 if the foundation unsolicited requests for funds. If the focumplete items 2a, b, c, and d. See in	only makes contr oundation makes	ributions to prese	elected charitable	•	
а	The name, address, and telephone nu	mber or email add	dress of the perso	on to whom applic	ations should be ac	ldressed:
b	The form in which applications should	be submitted and	d information and	materials they sho	ould include:	
С	Any submission deadlines:		<u> </u>			
۔۔۔	Any restrictions or limitations on an	rarde euch ee h	v geographical s	reas charitable f	uelde kinde of inch	itutions or other
a	Any restrictions or limitations on aw factors:	rarus, such as D	y geographical a	reas, chantable i	icius, Killus VI INSI	induons, or other

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual.	Foundation		1		
	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount		
. Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year			СИРРОРИ			
SHALVA INC . PO BOX 46375			SUPPORT ORGANIZATION'S			
CHICAGO IL 60646 🗸		PUBLIC	PROGRAMS	65,000.		
ASPIRITECH NFP		LOBBIO	SUPPORT			
1893 SHERIDAN ROAD, STE.103			ORGANIZATION'S			
HIGHLAND PARK IL 60035		PUBLIC	PROGRAMS	65,000.		
				-		
				İ		
Total				1 20 000		
Total	<u> </u>	<u> </u>	▶ 3	a 130,000.		
2 - Approved for factor payment						
				1		
	·					

	rt XV		·				<del>,</del>
Ente	er gros	ss amounts unless otherwise indicated.	Unrelated by	usiness income		ion 512, 513, or 514	(e) Related or exemp
			(a)	(b)	(c)	(d)	function income
1	Proc	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	a						•
	b						
	c				, , , , ,		
	ď					-	
	е _						
	f						
	g F	Fees and contracts from government agencies					
2		nbership dues and assessments					
3		rest on savings and temporary cash investments			14-	391	
4		dends and interest from securities	LTSNA Control with the month to KNATE	N. J. L. S.	101-001-1-141-00-7-1-01-01-01-01-01-01-01-01-01-01-01-01-0	Land of the Common Comm	
5		rental income or (loss) from real estate:	100			No. of the last of	
		Debt-financed property		`			
_		Not debt-financed property					
6		rental income or (loss) from personal property			-		
7		er investment income			10	17 004	
8 9		or (loss) from sales of assets other than inventory income or (loss) from special events	-		18	17,094.	
10		ss profit or (loss) from sales of inventory				•	
11		er revenue: a					
•••	b						
	c -						. ,
	d -						
	e						
12	Subt	total. Add columns (b), (d), and (e)				17,485.	
13		al. Add line 12, columns (b), (d), and (e)					17,485.
<b>13</b> (See	work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ns.)				17,485.
13 (See Pa	work	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	
13 (See Pa	work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes	13	

		Organizat	ions							
1	ın se orgar	ection 501(c) (d nizations?	directly or indirectlother than section	n 501(c)(3) org	janizations) (	or in secti	on 527, relatin	tion described g to political	Yes	No
а			porting foundation			-			4 (4)	
									1a(1)	×
		ther assets .							1a(2)	
b		r transactions.							41 (4)	
			a noncharitable e						1b(1)	×
			ets from a noncha	•	-				1b(2)	×
	• •		s, equipment, or ot						1b(3)	×
			arrangements						1b(4)	×
		oans or loan gua							1b(5) 1b(6)	×
_			ervices or member equipment, mailing	•	_				1c	Î
C d		-	of the above is "							
u			other assets, or se							
			on or sharing arrai							
(a) Line		b) Amount involved		ncharitable exempt of			iption of transfers, tra			
•				<u> </u>						
									<u>,                                      </u>	
								·		
	_		-							
	<del> </del> _							<del></del> -		
	-	<del></del>			<del></del>					
2a b	descr	ribed in section s," complete th	l ectly or indirectly 501(c) (other than e following schedu	section 501(c)(3)	) or in section	527? .			☐ Yes 区	No
		(a) Name of orgai	nization	(0) 1)	pe of organization	ori	(c) D	escription of relation	analiih	
									·····	
					<del></del>		·			
			***							
				1						
	Unde	penalties of periory,	I declare that I bave exam	nined this return, include	ding accompanying	g schedules and	statements, and to th	e best of my knowle	dge and belief, it	t is true,
Sign Here	7	ct and complete Decarring	faration of preparer (other	1	المصام	REASURE		May the l	RS discuss this preparer shown to ctions Yes	oelow?
	1 3.9.	Print(Type prepare		Preparer's sign			Dater f		Scott L. H	irsch
Paid	ļ	SCOTT	HIZXH		er 1	الر	1/10/2020	Check if   self-employed	PO1215	756
Prep		Firm's name	01,47 - 1	GROUP LLC		<b>7</b>	<del></del>	n's EIN ► 36-42		
Jse (	Jnly	Firm's address	485 HALF DA		TE #200				83-9700	
BAA		5 4441653	BUFFALO GRO			L 60089	[1.110		orm <b>990-PF</b>	(2019)

#### **GRANDY FOUNDATION**

# Form 990-PF: Return of Private Foundation

# Part IV: Capital Gains and Losses for Tax on Investment Income

#### **Continuation Statement**

(e.g., real estate,	e the kind(s) of proper 2-story brick warehous k, 200 shs. MLC Co.)		(c) Date	(d) Date sold
FROM K-1 MFC SMALL CAP	VARIOUS	VARIOUS		
FROM K-1 MFC TAXABLE B	OND LLC	P	VARIOUS	VARIOUS
FROM K-1 MFC HIGH YIEL	D FUND LLC	P	VARIOUS	VARIOUS
FROM K-1 MFC HEDGE FUN	D LLC	P	VARIOUS	VARIOUS
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain (e) plus (g	(f) minus
3,722.		0.		3,722.,
3,699.		0.		3,699.
676.		0.		676.
753.,		0.		753.
8,850.	0.	0.		8,850.
Complete only for ass th	(1) Gains gain minus but not less	col. (k),		
(1) 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	or Losses (h)	(from col.
0.	0.	0.		3,722.
0.	0.	0.		3,699.
0.	0.	0.		676.
0.	0.	0.		753.
0.	0.	0.		8,850.

GRANDY FOUNDATION Form 990-PF: Return of Private Foundation

	Œ
•	÷
	25
ż	7
•	•
	c
	C
•	ž
٠	ř
	-
	7
	Continu
•	⇇
	Ē
	C
(	_
•	_
	ď
	Ξ
	Q
•	7
	ĕ
	Ľ
•	7
	≂
	d Contractors
•	_
-	C
	Ć
	Œ
	Ň
	نو
	ψ
	2
	<u>ت</u>
-	Ó
	Ē
	÷
L	_
	/ Paid Employees
•	ź
	Ü
L	-
-	7
•	=
	므
-	r
-	
	vi
- 1	٠.
- 1	<u> </u>
	×
	anaders, Highly
	Ţ
1	Ţ
	Ţ
	Ţ
. 10	Ţ
- 11 11 -	Ţ
1-40	Ţ
- 11 - 11 - 11 -	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
- 10 11	Stees. Foundation Ma
	Ţ
	Ţ
- 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Ţ
	Ţ
	Ţ
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Ţ
	Ţ
- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Ţ
- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Ţ
- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
. DE 12	Ţ
	Ţ
. 14	Ţ
10 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Ţ
- 10 C -	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
	Ţ
A STATE OF THE STA	Ţ
	Ţ
The second secon	Ţ
The second secon	Ţ
	Ţ
	Ţ
The second of the second secon	Ţ
His laste and attended to the control of the contro	Ţ
All late and attend at a set of the set of t	Ţ
Willy large consists on the cost Oscillatory Discontinuous Taxable Consists on the cost	Ţ
44 VIII. 1-5	Ţ
and William Information of any Office of Discontinue Transfer of Transfer of	Ţ
Don't William Africa at a set Discount of the set of th	Ţ
	Ţ

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	oundation Managers, Hiç	ghly Paid Employees, a		<b>Continuation Statement</b>	
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances	•
E. ACHEPOHL	TREASURER	0	0.	0	
485 HALF DAY ROAD, SUITE 200	1.00				
BUFFALO GROVE, IL 60089	7				
S. HIRSCH	ASSISTANT TREASURER	0	0.	0.	
485 HALF DAY ROAD, SUITE 200	1.00				
BUFFALO GROVE, IL 60089	``				
		c	c	<u> </u>	

# Legal and Professional Fees

Form 990-PF Part I, Lines 16a - 16c

Name	Employer Identification No
GRANDY FOUNDATION	36-3563806

## Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990-	-PF, Part I, Line 16a				-

### Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-F	PF, Part I, Line 16b				

#### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	MANAGEMENT SERVICES NORTHERN TRUST FEES INVESTMENT SERVICES	6,000./ 1,500./ 5,172.	1,500. 5,172.		6,000.
Total to Form 990-	PF, Part I, Line 16c	12,672.	6,672.		6,000.

Name GRANDY FOUNDATION				er Identification No 63806
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	End of US Government Obligations Book Value	Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				
Line 10b - Investme	ents - Corporate	Stock:	End of Book Value	Year Fair Market Value
NT ACCOUNT #4607 - DIVEMENT INTERNATIONAL EMERGING HEDGE FUND LLC See L-10b Stmt Totals to Form 990-PF, Part II, L	GING MKTS FUNI	) LLC	4,824. 220,000. 340,000. 1,013,484. 1,578,308.	4,824. 289,109. 409,532. 1,504,288. 2,207,753.
Line 10c - Investme	ents - Corporate I	Bonds:	End of Book Value	Year Fair Market Value
MFC TAXABLE BOND FUND I			314,000. 120,000.	366,733. 163,126.
Totals to Form 990-PF, Part II, L	ine 10c		434,000.	529,859.
Line 12 - Investme	ents - Mortgage I	oans:	End of Book Value	Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12			
Line 13 - Inve	estments - Other:		End of Book Value	Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 13			

GRANDY FOUNDATION 36-3563806

# Additional information from your 2019 Federal Exempt Tax Return

# Form 990-PF Part II Line 10, 12 and 13 Investments

#### L-10b Stmt

#### **Continuation Statement**

Line 10b Description	Line 10b Book	Line 10b FMV
MFC LARGE CAP GROWTH LLC	327,538.	542,007.
MFC SMALL CAP FUND LLC	107,949.	178,634.
MFC INFLATION PROTECTION FUND LLC	311,272.	422,160.
MFC INTERNATIONAL FUND LLC	266,725.	361,487.
Total	1,013,484.	1,504,288.

## **Net Gain or Loss From Sale of Assets**

Form 990-PF Part I, Line 6a

ame RANDY FOUNDATION		Employer Identification No
Asset Information:		
	290.610 SHS MFC LARGE CAP	VALUE LLC
Business Code Exclusion		<u> </u>
	How Acquired . Purchased	
Date Sold 10/23/19	Name of Buyer	
Check Box, if Buyer is a Business		
	· · ـــــا Cost or other basıs (do not reduce by de	nreciation) 32 906
Sales Expense	Valuation Method . Fair Market	t Value
Total Gain (Loss)	094. Accumulated Depreciation	c value
Description of Property	V Accumulated Depreciation	
Rusiness Code Evolusion	von Codo	<b></b>
Business CodeExclusion		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	<b></b>
Check Box, if Buyer is a Business.		
	Cost or other basis (do not reduce by dep	
	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	· · · ·
Description of Property		- <b></b>
Business Code Exclusion	on Code	
Date Acquired	How Acquired	. <b></b>
Date Sold	Name of Buyer	
Check Box, if Buyer is a Business.	· 🔲	
	Cost or other basis (do not reduce by dep	
Sales Expense	Valuation Method	
	Accumulated Depreciation	
Description of Property		<b></b>
Business Code Exclusion		
Date Acquired I	How Acquired .	. <b></b>
Date Sold I	Name of Buyer	
Check Box, if Buyer is a Business .		
	Cost or other basis (do not reduce by dep	
Sales Expense	Valuation Method	
	Accumulated Depreciation -	
Description of Property		
Business Code Exclusion		
Date Acquired I	How Acquired	<b></b>
Date Sold I	Name of Buyer	
Check Box, if Buyer is a Business	. [_]	
Sales Price.	Cost or other basis (do not reduce by dep	preciation)
Sales Expense .	Valuation Method	
Total Gain (Loss)		
otals:		
otal Gain (Loss) of all assets		
ross Sales Price of all assets		
nrelated Business Income	Business Code	
cluded by section 512, 513, 514	17,094. Exclusion Code . 18	<u></u>
elated/Exempt Function Income		