

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

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

- Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>PETER D. AND CAROL GOLDMAN FOUNDATION</b>                                                                                                                                                                                                                                              |                                                                                                                                                  | A Employer identification number<br><b>36-3730772</b>                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>219 CARY AVENUE</b>                                                                                                                                                                                                     | Room/suite                                                                                                                                       | B Telephone number<br><b>312-644-3200</b>                                                                                                                                    |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>HIGHLAND PARK, IL 60035</b>                                                                                                                                                                                                      |                                                                                                                                                  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| G Check all that apply:<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                  | D 1. Foreign organizations, check here <input type="checkbox"/><br>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<br><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)<br><b>\$ 7,236,834.</b>                                                                                                                                                                                                      | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received                                                                                                     |  | 200,000.                           |                           | N/A                     |                                                             |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B                                                                |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                               |  | 5,939.                             | 5,939.                    |                         | STATEMENT 1                                                 |
| 4 Dividends and interest from securities                                                                                                           |  | 114,547.                           | 114,547.                  |                         | STATEMENT 2                                                 |
| 5a Gross rents                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                      |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                           |  | 98,020.                            |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a <b>423,755.</b>                                                                                      |  |                                    |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                   |  |                                    | 98,020.                   |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                      |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                             |  |                                    |                           |                         |                                                             |
| 10a Gross sales less returns and allowances                                                                                                        |  |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                                                                                                         |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                           |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                    |  | 3,260.                             | 260.                      |                         | STATEMENT 3                                                 |
| 12 Total. Add lines 1 through 11                                                                                                                   |  | 421,766.                           | 218,766.                  |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc.                                                                                             |  | 0.                                 | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                               |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                |  |                                    |                           |                         |                                                             |
| 16a Legal fees                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Accounting fees                                                                                                                                  |  |                                    |                           |                         |                                                             |
| c Other professional fees <b>STMT 4</b>                                                                                                            |  | 35,721.                            | 35,721.                   |                         | 0.                                                          |
| 17 Interest                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 18 Taxes <b>STMT 5</b>                                                                                                                             |  | 6,702.                             | 0.                        |                         | 0.                                                          |
| 19 Depreciation and depletion                                                                                                                      |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                               |  |                                    |                           |                         |                                                             |
| 22 Printing and publications                                                                                                                       |  |                                    |                           |                         |                                                             |
| 23 Other expenses <b>STMT 6</b>                                                                                                                    |  | 480.                               | 0.                        |                         | 15.                                                         |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                            |  | 42,903.                            | 35,721.                   |                         | 15.                                                         |
| 25 Contributions, gifts, grants paid                                                                                                               |  | 329,465.                           |                           |                         | 329,465.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                           |  | 372,368.                           | 35,721.                   |                         | 329,480.                                                    |
| 27 Subtract line 26 from line 12:                                                                                                                  |  |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                |  | 49,398.                            |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                   |  |                                    | 183,045.                  |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                     |  |                                    |                           | N/A                     |                                                             |

j26

| Part II Balance Sheets      |                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only |                                                      | Beginning of year | End of year    |                       |
|-----------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                               |                                                                                                 |                                                      | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                                                                                             | Cash - non-interest-bearing                                                                     |                                                      | 20,172.           | 31,007.        | 31,007.               |
|                             | 2                                                                                             | Savings and temporary cash investments                                                          |                                                      | 190,381.          | 133,477.       | 133,477.              |
|                             | 3                                                                                             | Accounts receivable ▶                                                                           |                                                      |                   |                |                       |
|                             |                                                                                               | Less: allowance for doubtful accounts ▶                                                         |                                                      |                   |                |                       |
|                             | 4                                                                                             | Pledges receivable ▶                                                                            |                                                      |                   |                |                       |
|                             |                                                                                               | Less: allowance for doubtful accounts ▶                                                         |                                                      |                   |                |                       |
|                             | 5                                                                                             | Grants receivable                                                                               |                                                      |                   |                |                       |
|                             | 6                                                                                             | Receivables due from officers, directors, trustees, and other disqualified persons              |                                                      |                   |                |                       |
|                             | 7                                                                                             | Other notes and loans receivable ▶                                                              |                                                      |                   |                |                       |
|                             |                                                                                               | Less: allowance for doubtful accounts ▶                                                         |                                                      |                   |                |                       |
|                             | 8                                                                                             | Inventories for sale or use                                                                     |                                                      |                   |                |                       |
|                             | 9                                                                                             | Prepaid expenses and deferred charges                                                           |                                                      | 11,760.           |                |                       |
|                             | 10a                                                                                           | Investments - U.S. and state government obligations STMT 7                                      |                                                      | 0.                | 198,431.       | 198,503.              |
|                             | b                                                                                             | Investments - corporate stock STMT 8                                                            |                                                      | 3,167,011.        | 3,148,918.     | 6,873,347.            |
|                             | c                                                                                             | Investments - corporate bonds                                                                   |                                                      |                   |                |                       |
|                             | Liabilities                                                                                   | 11                                                                                              | Investments - land, buildings, and equipment basis ▶ |                   |                |                       |
|                             |                                                                                               | Less: accumulated depreciation ▶                                                                |                                                      |                   |                |                       |
| 12                          |                                                                                               | Investments - mortgage loans                                                                    |                                                      |                   |                |                       |
| 13                          |                                                                                               | Investments - other STMT 9                                                                      |                                                      | 99,166.           | 23,074.        | 500.                  |
| 14                          |                                                                                               | Land, buildings, and equipment basis ▶                                                          |                                                      |                   |                |                       |
|                             |                                                                                               | Less: accumulated depreciation ▶                                                                |                                                      |                   |                |                       |
| 15                          |                                                                                               | Other assets (describe ▶ DUE TO/FROM )                                                          |                                                      | 8,779.            | 0.             | 0.                    |
| 16                          |                                                                                               | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)   |                                                      | 3,497,269.        | 3,534,907.     | 7,236,834.            |
| 17                          |                                                                                               | Accounts payable and accrued expenses                                                           |                                                      |                   |                |                       |
| 18                          |                                                                                               | Grants payable                                                                                  |                                                      |                   |                |                       |
| Net Assets or Fund Balances | 19                                                                                            | Deferred revenue                                                                                |                                                      |                   |                |                       |
|                             | 20                                                                                            | Loans from officers, directors, trustees, and other disqualified persons                        |                                                      |                   |                |                       |
|                             | 21                                                                                            | Mortgages and other notes payable                                                               |                                                      |                   |                |                       |
|                             | 22                                                                                            | Other liabilities (describe ▶ )                                                                 |                                                      |                   |                |                       |
| 23                          | Total liabilities (add lines 17 through 22)                                                   |                                                                                                 | 0.                                                   | 0.                |                |                       |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>                   |                                                                                                 |                                                      |                   |                |                       |
|                             | and complete lines 24, 25, 29, and 30.                                                        |                                                                                                 |                                                      |                   |                |                       |
|                             | 24                                                                                            | Net assets without donor restrictions                                                           |                                                      |                   |                |                       |
|                             | 25                                                                                            | Net assets with donor restrictions                                                              |                                                      |                   |                |                       |
|                             | Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> |                                                                                                 |                                                      |                   |                |                       |
|                             | and complete lines 26 through 30.                                                             |                                                                                                 |                                                      |                   |                |                       |
|                             | 26                                                                                            | Capital stock, trust principal, or current funds                                                |                                                      | 0.                | 0.             |                       |
|                             | 27                                                                                            | Paid-in or capital surplus, or land, bldg., and equipment fund                                  |                                                      | 0.                | 0.             |                       |
| 28                          | Retained earnings, accumulated income, endowment, or other funds                              |                                                                                                 | 3,497,269.                                           | 3,534,907.        |                |                       |
| 29                          | Total net assets or fund balances                                                             |                                                                                                 | 3,497,269.                                           | 3,534,907.        |                |                       |
| 30                          | Total liabilities and net assets/fund balances                                                |                                                                                                 | 3,497,269.                                           | 3,534,907.        |                |                       |

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

|   |                                                                                                                                                               |   |            |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 3,497,269. |
| 2 | Enter amount from Part I, line 27a                                                                                                                            | 2 | 49,398.    |
| 3 | Other increases not included in line 2 (itemize) ▶                                                                                                            | 3 | 0.         |
| 4 | Add lines 1, 2, and 3                                                                                                                                         | 4 | 3,546,667. |
| 5 | Decreases not included in line 2 (itemize) ▶ PREPAID REVERSAL                                                                                                 | 5 | 11,760.    |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29                                                         | 6 | 3,534,907. |

Form 990-PF (2019)

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                      |                                                  |                                      |                                  |
| <b>b OAKTREE CAPITAL GROUP - FLOW THROUGH K-1</b>                                                                                         | P                                                | 01/01/19                             | 12/31/19                         |
| <b>c OAKTREE CAPITAL GROUP - FLOW THROUGH K-1</b>                                                                                         | P                                                | 01/01/18                             | 12/31/19                         |
| <b>d OAKTREE CAPITAL GROUP - FLOW THROUGH K-1</b>                                                                                         | P                                                | 04/13/15                             | 12/31/19                         |
| <b>e</b>                                                                                                                                  |                                                  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|-----------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <b>a 349,905.</b>     |                                            | <b>250,808.</b>                                 | <b>99,097.</b>                                 |
| <b>b 21.</b>          |                                            |                                                 | <b>21.</b>                                     |
| <b>c 120.</b>         |                                            |                                                 | <b>120.</b>                                    |
| <b>d 73,709.</b>      |                                            | <b>74,927.</b>                                  | <b>-1,218.</b>                                 |
| <b>e</b>              |                                            |                                                 |                                                |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. |                                      |                                                 | (j) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|----------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i) FMV as of 12/31/69                                                                       | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                                 |
| <b>a</b>                                                                                     |                                      |                                                 | <b>99,097.</b>                                                                                  |
| <b>b</b>                                                                                     |                                      |                                                 | <b>21.</b>                                                                                      |
| <b>c</b>                                                                                     |                                      |                                                 | <b>120.</b>                                                                                     |
| <b>d</b>                                                                                     |                                      |                                                 | <b>-1,218.</b>                                                                                  |
| <b>e</b>                                                                                     |                                      |                                                 |                                                                                                 |

|                                                                                                                                                                                        |                                                                                     |          |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|----------------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                 | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | <b>2</b> | <b>98,020.</b> |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 | { }                                                                                 | <b>3</b> | <b>N/A</b>     |

**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 doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 2018                                                              | 287,980.                              | 6,286,676.                                | .045808                                                  |
| 2017                                                              | 269,428.                              | 6,041,334.                                | .044597                                                  |
| 2016                                                              | 293,896.                              | 5,512,704.                                | .053312                                                  |
| 2015                                                              | 281,668.                              | 5,851,296.                                | .048138                                                  |
| 2014                                                              | 231,593.                              | 5,760,718.                                | .040202                                                  |

|                                                                                                                                                                                         |          |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                    | <b>2</b> | <b>.232057</b>    |
| <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 | <b>3</b> | <b>.046411</b>    |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                   | <b>4</b> | <b>6,532,999.</b> |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                      | <b>5</b> | <b>303,203.</b>   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                     | <b>6</b> | <b>1,830.</b>     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                              | <b>7</b> | <b>305,033.</b>   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                           | <b>8</b> | <b>329,480.</b>   |

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.

3

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|                                                                                                                                                                                                                                        |    |        |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|--------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |        |        |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                           |    | 1      | 1,830. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)                                                                                                             |    |        |        |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                           |    | 2      | 0.     |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |    | 3      | 1,830. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                         |    | 4      | 0.     |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                              |    | 5      | 1,830. |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |        |        |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                    | 6a | 9,240. |        |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b | 0.     |        |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c | 0.     |        |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d | 0.     |        |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  | 7  | 9,240. |        |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                                    | 8  | 0.     |        |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                        | 9  |        |        |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                           | 10 | 7,410. |        |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input checked="" type="checkbox"/>                                                                                  | 11 | 0.     |        |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a 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?                                                                                                                                                                       |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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. |     | X  |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                        |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                                |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                                                                                             |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                               |     | X  |
| 3 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? If "Yes," attach a conformed copy of the changes                                                                                                                  |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                            |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                          |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?          | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                           | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> 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 explanation                                                                                                                                 | X   |    |
| 9 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV                                                                                         |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                         |     | X  |

N/A

2

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

- 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
- 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
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  
Website address **N/A**

|    | Yes | No |
|----|-----|----|
| 11 |     | X  |
| 12 |     | X  |
| 13 | X   |    |

- 14 The books are in care of **PETER GOLDMAN** Telephone no. **847-433-5110**  
Located at **219 CARY AVENUE, HIGHLAND PARK, IL** ZIP+4 **60035**
- 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** **N/A**
- 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?  
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

|    | Yes | No |
|----|-----|----|
| 16 |     | X  |

**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.

- 1a 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? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ No
- (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.) ☐ Yes ☒ No
- b If any answer is "Yes" to 1a(1)-(6), did any 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  
Organizations relying on a current notice regarding disaster assistance, check here **N/A**
- c 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** **X**
- 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)):
- a 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? ☐ Yes ☒ No  
If "Yes," list the years
- b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.) **N/A**
- c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
- 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No
- 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) **N/A**
- 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **4a** **X**
- 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? **4b** **X**

|    | Yes | No |
|----|-----|----|
| 1b |     |    |
| 1c |     | X  |
| 2b |     |    |
| 3b |     |    |
| 4a |     | X  |
| 4b |     | X  |

Form 990-PF (2019)

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

5a During the year, did the foundation pay or incur any amount to:

(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, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ 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?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any 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

5b

X

Organizations relying on a current notice regarding disaster assistance, check here

☐

c 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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7b

N/A

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address    | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| PETER D. GOLDMAN        | PRESIDENT                                                 |                                           |                                                                       |                                       |
| 219 CARY AVENUE         |                                                           |                                           |                                                                       |                                       |
| HIGHLAND PARK, IL 60035 | 2.00                                                      | 0.                                        | 0.                                                                    | 0.                                    |
| CAROL GOLDMAN           | SECRETARY                                                 |                                           |                                                                       |                                       |
| 219 CARY AVENUE         |                                                           |                                           |                                                                       |                                       |
| HIGHLAND PARK, IL 60035 | 1.00                                                      | 0.                                        | 0.                                                                    | 0.                                    |
|                         |                                                           |                                           |                                                                       |                                       |
|                         |                                                           |                                           |                                                                       |                                       |
|                         |                                                           |                                           |                                                                       |                                       |
|                         |                                                           |                                           |                                                                       |                                       |
|                         |                                                           |                                           |                                                                       |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

0

Form 990-PF (2019)

(continued)

## 0

**Total.** Add lines 1 through 3

2019.04000 PETER D. AND CAROL GOLDMA 40016.01

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

|                                                                                                               |    |            |  |
|---------------------------------------------------------------------------------------------------------------|----|------------|--|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |    |            |  |
| a Average monthly fair market value of securities                                                             | 1a | 6,316,943. |  |
| b Average of monthly cash balances                                                                            | 1b | 315,543.   |  |
| c Fair market value of all other assets                                                                       | 1c |            |  |
| d Total (add lines 1a, b, and c)                                                                              | 1d | 6,632,486. |  |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e | 0.         |  |
| 2 Acquisition indebtedness applicable to line 1 assets                                                        | 2  | 0.         |  |
| 3 Subtract line 2 from line 1d                                                                                | 3  | 6,632,486. |  |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 99,487.    |  |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4        | 5  | 6,532,999. |  |
| 6 Minimum investment return. Enter 5% of line 5                                                               | 6  | 326,650.   |  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

|                                                                                                      |    |          |
|------------------------------------------------------------------------------------------------------|----|----------|
| 1 Minimum investment return from Part X, line 6                                                      | 1  | 326,650. |
| 2a Tax on investment income for 2019 from Part VI, line 5                                            | 2a | 1,830.   |
| b Income tax for 2019. (This does not include the tax from Part VI.)                                 | 2b |          |
| c Add lines 2a and 2b                                                                                | 2c | 1,830.   |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1                              | 3  | 324,820. |
| 4 Recoveries of amounts treated as qualifying distributions                                          | 4  | 3,000.   |
| 5 Add lines 3 and 4                                                                                  | 5  | 327,820. |
| 6 Deduction from distributable amount (see instructions)                                             | 6  | 0.       |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 327,820. |

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

|                                                                                                                                     |    |          |
|-------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                        |    |          |
| a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | 1a | 329,480. |
| b Program-related investments - total from Part IX-B                                                                                | 1b | 0.       |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | 2  |          |
| 3 Amounts set aside for specific charitable projects that satisfy the:                                                              |    |          |
| a Suitability test (prior IRS approval required)                                                                                    | 3a |          |
| b Cash distribution test (attach the required schedule)                                                                             | 3b |          |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4                        | 4  | 329,480. |
| 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 | 5  | 1,830.   |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4                                                                    | 6  | 327,650. |

**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.

Form 990-PF (2019)



**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                       |               |                            |             | 327,820.    |
| <b>2</b> Undistributed income, if any, as of the end of 2019                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only                                                                                                                                               |               |                            | 304,896.    |             |
| <b>b</b> Total for prior years:                                                                                                                                                   |               | 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> Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 329,480.                                                                                                   |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                               |               |                            | 304,896.    |             |
| <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                                                                                                                                     |               |                            |             | 24,584.     |
| <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> Enter the net total of each column as indicated below:                                                                                                                   | 0.            |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 0.            |                            |             |             |
| <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 instr.                                                                                |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020                                                              |               |                            |             | 303,236.    |
| <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                                                                                                 | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2020. 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 Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** 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 foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

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

**b** 85% of line 2a

**c** Qualifying distributions from Part XII, line 4, for each year listed

**d** Amounts included in line 2c not used directly for active conduct of exempt activities

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test - enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed

**c** "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**SEE STATEMENT 10**

**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.

NONE

**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.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

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

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| Name and address (home or business)                                                                                  |                                                                                                                    |                                      |                                     |          |
| a Paid during the year                                                                                               |                                                                                                                    |                                      |                                     |          |
| ACCESS LIVING<br>115 WEST CHICAGO AVENUE<br>CHICAGO, IL 60654                                                        | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 5,000.   |
| ALZHEIMER'S DISEASE AND RELATED<br>DISORDERS ASSOCIATION, INC<br>225 N MICHIGAN AVE, STE 1700<br>CHICAGO, IL 60601   | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 5,150.   |
| AMERICAN BRAIN TUMOR ASSOCIATION<br>8550 W. BRYN MAWR AVENUE, SUITE 550<br>CHICAGO, IL 60631                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 100.     |
| AMERICAN FRIENDS OF THE ISRAEL SPORT<br>CENTER FOR THE DISABLED<br>1 NORTHFIELD PLZ, STE 300<br>NORTHFIELD, IL 60093 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.     |
| ART CENTER HIGHLAND PARK<br>1957 SHERIDAN ROAD<br>HIGHLAND PARK, IL 60035                                            | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.     |
| Total                                                                                                                |                                                                                                                    |                                      | SEE CONTINUATION SHEET(S)           | 329,465. |
| b Approved for future payment                                                                                        |                                                                                                                    |                                      |                                     |          |
| NONE                                                                                                                 |                                                                                                                    |                                      |                                     |          |
|                                                                                                                      |                                                                                                                    |                                      |                                     |          |
|                                                                                                                      |                                                                                                                    |                                      |                                     |          |
| Total                                                                                                                |                                                                                                                    |                                      |                                     | 0.       |

**Part XV: Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| ASSOCIATION OF HORIZON<br>3712 NORTH BROADWAY #335<br>CHICAGO, IL 60613                                 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.     |
| BUILDON<br>PO BOX 16741<br>STAMFORD, CT 06905                                                           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.     |
| CAMP THUNDERBIRD CHARITABLE<br>FOUNDATION<br>P.O. BOX 21246<br>MINNEAPOLIS, MN 55421                    | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.   |
| CANCER WELLNESS CENTER<br>215 REVERE DR.<br>NORTHBROOK, IL 60062                                        | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 700.     |
| CHICAGO AREA SERVICE OFFICE<br>180 N WABASH AVE, SUITE 305<br>CHICAGO, IL 60601                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.     |
| CHICAGO MARITIME MUSEUM<br>1200 WEST 35TH STREET<br>CHICAGO, IL 60609                                   | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.   |
| COLLEGE BOUND OPPORTUNITIES<br>2033 N MILWAUKEE AVE STE 246<br>RIVERWOODS, IL 60015                     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.     |
| CONGREGATION SOLEL<br>1301 CLAVEY ROAD<br>HIGHLAND PARK, IL 60035                                       | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 5,380.   |
| CROHN'S AND COLITIS FOUNDATION OF<br>AMERICA<br>386 PARK AVENUE SOUTH, 17TH FLOOR<br>NEW YORK, NY 10016 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 15,000.  |
| CYCLE FOR SURVIVAL<br>633 THIRD AVENUE 4TH FLOOR<br>NEW YORK, NY 10017                                  | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.     |
| Total from continuation sheets                                                                          |                                                                                                                    |                                      |                                     | 318,465. |

**Part XV, Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| DIGESTIVE HEALTH FOUNDATION<br>251 E HURON ST STE 3-200<br>CHICAGO, IL 60611                 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| DYSTONIA MEDICAL RESEARCH<br>ONE EAST WACKER DRIVE SUITE 2810<br>CHICAGO, IL 60601           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.    |
| FOUNDATION FIGHTING BLINDNESS, INC<br>7168 COLUMBIA GATEWAY DR STE 100<br>COLUMBIA, MD 21046 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.    |
| G.I.R.F.<br>70 E LAKE ST #1015<br>CHICAGO, IL 60601                                          | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 20,000. |
| GLASA<br>400 E ILLINOIS RD<br>LAKE FOREST, IL 60045                                          | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.    |
| HIGHLAND PARK COMMUNITY FOUNDATION<br>P.O. BOX 398<br>HIGHLAND PARK, IL 60035                | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| HOLOCAUST MEMORIAL FOUNDATION OF<br>ILLINOIS INC<br>9603 WOODS DRIVE<br>SKOKIE, IL 60077     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.  |
| HYDE PARK DAY SCHOOL<br>1980 OLD WILLOW RD<br>NORTHFIELD, IL 60093                           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.  |
| ILLINOIS NETWORK OF CHARTER SCHOOLS<br>150 N MICHIGAN AVE, STE 430<br>CHICAGO, IL 60601      | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| INVEST FOR KIDS<br>1775 SHERMAND ST #2075<br>DENVER, CO 80264                                | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| Total from continuation sheets                                                               |                                                                                                                    |                                      |                                     |         |

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| J.G.A.S.F.<br>875 N. MICHIGAN AVE., SUITE 3718<br>CHICAGO, IL 60611                                | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 50,750. |
| JEWISH UNITED FUND<br>30 S. WELLS ST., ROOM 3134<br>CHICAGO, IL 60606                              | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| LEUKEMIA & LYMPHOMA SOCIETY<br>651 W WASHINGTON BLVD #400<br>CHICAGO, IL 60661                     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 750.    |
| MARWEN FOUNDATION<br>833 N ORLEANS ST<br>CHICAGO, IL 60610                                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.  |
| NORTHSHORE UNIVERSITY HEALTHSYSTEM<br>1301 CENTRAL ST<br>EVANSTON, IL 60201                        | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 5,000.  |
| NORTHWESTERN UNIVERSITY SCLERODERMA<br>PROGRAM<br>675 N ST CLAIR SUITE 14-100<br>CHICAGO, IL 60611 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 10,000. |
| PCD KS FOUNDATION<br>10137 PORTLAND AVE S<br>MINNEAPOLIS, MN 55420                                 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| PLANNED PARENTHOOD<br>18 S MICHIGAN AVENUE 6TH FLOOR<br>CHICAGO, IL 60603                          | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.  |
| PRO PUBLICA INC<br>155 AVENUE OF THE AMERICAS, 13TH FL<br>NEW YORK, NY 10013                       | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000.  |
| RAVINIA FESTIVAL ASSOCIATION<br>201 SAINT JOHNS AVE<br>HIGHLAND PARK, IL 60035                     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 4,000.  |
| Total from continuation sheets                                                                     |                                                                                                                    |                                      |                                     |         |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| ROGER BALDWIN FOUNDATION OF ACLU INC<br>180 N MICHIGAN AVE, STE 2300<br>CHICAGO, IL 60601              | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.   |
| SCLERODERMA FOUNDATION<br>300 ROSEWOOD DRIVE, SUITE 105<br>DANVERS, MA 01923                           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 4,175.   |
| SHIRLEY RYAN ABILITY LAB<br>355 EAST ERIE<br>CHICAGO, IL 60611                                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 54,000.  |
| SUSAN G KOMEN BREAST CANCER<br>FOUNDATION<br>8765 W HIGGINS RD, STE 401<br>CHICAGO, IL 60631           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 100.     |
| THE JOSSELYN CENTER<br>405 CENTRAL AVENUE<br>NORTHFIELD, IL 60093                                      | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 10,100.  |
| TOTAL LINK TO COMMUNITY COOPERATIVE<br>INCORPORATED<br>1200 SHERMER RD STE 109<br>NORTHBROOK, IL 60062 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.     |
| TULANE UNIVERSITY<br>6823 ST. CHARLES AVENUE<br>NEW ORLEANS, LA 70118                                  | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 103,000. |
| UNITED WAY<br>560 WEST LAKE STREET<br>CHICAGO, IL 60661                                                | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.     |
| URBAN GATEWAYS<br>205 W RANDOLPH ST #1700<br>CHICAGO, IL 60606                                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 3,000.   |
| AMERICAN FRIENDS OF ALYN HOSPITAL<br>122 E 42ND ST, STE 1519<br>NEW YORK, NY 10168                     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 100.     |
| Total from continuation sheets                                                                         |                                                                                                                    |                                      |                                     |          |

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| AMERICAN PARKINSON DISEASE<br>ASSOCIATION<br>135 PARKINSON AVE<br>STATEN ISLAND, NY 10305                                     | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000. |
| FACING HISTORY AND OURSELVES<br>16 HURD ROAD<br>BROOKLINE, MA 02445                                                           | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.   |
| FALL CREEK FOUNDATION<br>PO BOX 412<br>FALL CREEK, WI 54742                                                                   | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.   |
| FRIENDS OF THE PARKS<br>17 N STATE STREE, STE 1450<br>CHICAGO, IL 60602                                                       | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 200.   |
| GREENFIELD FOUNDATION FOR<br>NEUROBLASTOMA PEDIATRIC CANCER<br>RESEARCH<br>2700 PATRIOT BLVD, SUITE 400<br>GLENVIEW, IL 60026 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 100.   |
| KESHET<br>600 ACADEMY DRIVE, STE 130<br>NORTHBROOK, IL 60062                                                                  | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.   |
| MICHAEL ROLFE PANCREATIC CANCER<br>FOUNDATION<br>4809 N RAVENSWOOD, #326<br>CHICAGO, IL 60640                                 | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 1,000. |
| MEMORIAL SLOAN KETTERING CANCER<br>CENTER<br>PO BOX 27106<br>NEW YORK, NY 10087                                               | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 250.   |
| NAPLES BOTANICAL GARDEN<br>4820 BAYSHORE DRIVE<br>NAPLES, FL 34112                                                            | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 110.   |
| WRITER'S THEATRE<br>325 TUDOR CT<br>GLENCOE, IL 60022                                                                         | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                     | 500.   |
| Total from continuation sheets                                                                                                |                                                                                                                    |                                      |                                     |        |







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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Name of the organization

**PETER D. AND CAROL GOLDMAN FOUNDATION**

Employer identification number

**36-3730772**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, 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                         | Employer identification number |
| <b>PETER D. AND CAROL GOLDMAN FOUNDATION</b> | <b>36-3730772</b>              |

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                        |
|------------|----------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <u>PETER &amp; CAROL GOLDMAN</u><br><u>219 CARY AVENUE</u><br><u>HIGHLAND PARK, IL 60035</u> | \$ <u>200,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)           |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)           |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)           |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)           |

|                                       |                                |
|---------------------------------------|--------------------------------|
| Name of organization                  | Employer identification number |
| PETER D. AND CAROL GOLDMAN FOUNDATION | 36-3730772                     |

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |
|                              |                                              | \$                                              |                      |

|                                       |                                |
|---------------------------------------|--------------------------------|
| Name of organization                  | Employer identification number |
| PETER D. AND CAROL GOLDMAN FOUNDATION | 36-3730772                     |

**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 info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>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 |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| GOFEN & GLOSSBERG       | 5,939.                      | 5,939.                          |                               |
| TOTAL TO PART I, LINE 3 | 5,939.                      | 5,939.                          |                               |

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE                                               | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|------------------------------------------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| GOFEN &<br>GLOSSBERG-<br>-DIVIDENDS                  | 114,365.        | 0.                            | 114,365.                    | 114,365.                          |                               |
| OAKTREE CAPITAL<br>GROUP - FLOW<br>THROUGH DIVIDENDS | 37.             | 0.                            | 37.                         | 37.                               |                               |
| OAKTREE CAPITAL<br>GROUP - FLOW<br>THROUGH INTEREST  | 145.            | 0.                            | 145.                        | 145.                              |                               |
| TO PART I, LINE 4                                    | 114,547.        | 0.                            | 114,547.                    | 114,547.                          |                               |

## FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION                           | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| OTHER INCOME                          | 260.                        | 260.                              |                               |
| PY GRANT RECOVERY                     | 3,000.                      | 0.                                |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 3,260.                      | 260.                              |                               |

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 4

| DESCRIPTION                     | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|---------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| CUSTODIAL & ADVISORY FEES       | 35,351.                      | 35,351.                           |                               | 0.                            |
| K1 FLOW THRU INVESTMENT<br>FEES | 370.                         | 370.                              |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C    | 35,721.                      | 35,721.                           |                               | 0.                            |

## FORM 990-PF

## TAXES

## STATEMENT 5

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL EXCISE TAX          | 6,702.                       | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 6,702.                       | 0.                                |                               | 0.                            |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| IL CHARITY BUREAU FEE       | 15.                          | 0.                                |                               | 15.                           |
| MISCELLANEOUS EPXENSES      | 465.                         | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23 | 480.                         | 0.                                |                               | 15.                           |



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FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 7

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| DESCRIPTION                                      | U.S.<br>GOV'T | OTHER<br>GOV'T | BOOK VALUE | FAIR MARKET<br>VALUE |
|--------------------------------------------------|---------------|----------------|------------|----------------------|
| INVESTMENTS - TREASURY BILLS                     | X             |                | 198,431.   | 198,503.             |
| TOTAL U.S. GOVERNMENT OBLIGATIONS                |               |                | 198,431.   | 198,503.             |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS |               |                |            |                      |
| TOTAL TO FORM 990-PF, PART II, LINE 10A          |               |                | 198,431.   | 198,503.             |

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FORM 990-PF CORPORATE STOCK STATEMENT 8

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| DESCRIPTION                             | BOOK VALUE | FAIR MARKET<br>VALUE |
|-----------------------------------------|------------|----------------------|
| INVESTMENTS - CORPORATE STOCKS          | 3,148,918. | 6,873,347.           |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 3,148,918. | 6,873,347.           |

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FORM 990-PF OTHER INVESTMENTS STATEMENT 9

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| DESCRIPTION                            | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
|----------------------------------------|---------------------|------------|----------------------|
| AP ALTERNATIVE ASSETS, LP              | COST                | 23,074.    | 500.                 |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                     | 23,074.    | 500.                 |

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FORM 990-PF PART XV - LINE 1A STATEMENT 10  
LIST OF FOUNDATION MANAGERS

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## NAME OF MANAGER

PETER D. GOLDMAN  
CAROL GOLDMAN