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Department of the Treasury

As Filed Data -

Return of Private Foundation

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

DLN: 93491318013760 OMB No. 1545-0052

2019

Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number MAURY AND NANCY FERTIG FAMILY FOUNDATION 36-3927187 Number and street (or P.O. box number if mail is not delivered to street address) 421 BRIERHILL ROAD B Telephone number (see instructions) (847) 940-7130 City or town, state or province, country, and ZIP or foreign postal code DEERFIELD, IL $\,$ 60015 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) >\$ 624,607 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books income equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 409,740 schedule) Check \blacktriangleright \bigsqcup if the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 28,304 28,304 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 26,417 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 439,386 54,721 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . (و 350 175 175 5,625 2,813 2,812 Accounting fees (attach schedule) Other professional fees (attach schedule)

Operating and Administrative Expenses [چە 13,313 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 302 166 24 Total operating and administrative expenses. Add lines 13 through 23 19,590 2,988 3,153 142,193 25 Contributions, gifts, grants paid 142,193 26 Total expenses and disbursements. Add lines 24 and 25 161,783 2,988 145,346 27 Subtract line 26 from line 12: Excess of revenue over expenses and 277,603 disbursements Net investment income (if negative, enter -0-) 51,733 Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions. Cat. No. 11289X Form **990-PF** (2019)

For	n 990-l	PF (2019)		·		Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the de should be for end-of-year amounts only. (scription column See instructions.)	Beginning of year (a) Book Value	(b) Book Value	of year (c) Fair Market Value
	1	Cash—non-interest-bearing		6,722	8,304	
	2	Savings and temporary cash investments				
	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 of	-			_
	0	disqualified persons (attach schedule) (see instructions)				
	-		-			
	7	Other notes and loans receivable (attach schedule)				
	_	Less: allowance for doubtful accounts ▶				_
ets.	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ă	10a	Investments—U.S. and state government obligations (at	´		_	
	b	Investments—corporate stock (attach schedule)		397,971	<u> </u>	615,923
	С	Investments—corporate bonds (attach schedule)	L	16,963	16,963	380
	11	Investments—land, buildings, and equipment: basis $ ightharpoonup$				
		Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans	[
	13	Investments—other (attach schedule)	[
	14	Land, buildings, and equipment: basis ▶	1,992			
		Less: accumulated depreciation (attach schedule) ▶ 1,99	92			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)		421,656	698,368	624,607
	17	Accounts payable and accrued expenses				
	18	Grants payable	F			1
es	19	Deferred revenue	F			-
III	20	Loans from officers, directors, trustees, and other disqua	L			-
Liabilities	21	Mortgages and other notes payable (attach schedule).	· · · · · · · · · · · · · · · · · · ·			-
	22	Other liabilities (describe >				-
	23	Total liabilities (add lines 17 through 22)	· L	0		1
	23			0		
Fund Balances		Foundations that follow FASB ASC 958, check here	▶ □			
ınc		and complete lines 24, 25, 29 and 30.				
ale	24	Net assets without donor restrictions				
1 E	25	Net assets with donor restrictions	[
Ē		Foundations that do not follow FASB ASC 958, chec	ck here ▶ 🗹			
		and complete lines 26 through 30.				
s or	26	Capital stock, trust principal, or current funds		421,656	698,368	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment	fund	0	0	
455	28	Retained earnings, accumulated income, endowment, or	other funds	0	0	
Net ,	29	Total net assets or fund balances (see instructions)		421,656	698,368	
ž	30	Total liabilities and net assets/fund balances (see i		421,656	698,368	4
Pa	rt III	· · · · · ·	,	,	· · · · · · · · · · · · · · · · · · ·	
1		I net assets or fund balances at beginning of year—Part II		29 (must agree with e	nd-	
_		ear figure reported on prior year's return)			. 1	421,656
2		er amount from Part I, line 27a			. 2	277,603
3		er increases not included in line 2 (itemize)			3	0
4		lines 1, 2, and 3			. 4	699,259
5		reases not included in line 2 (itemize)			5	891
6	l'ota	l net assets or fund balances at end of year (line 4 minus	ııne 5)—Part II, c	olumn (b), line 29	. 6	698,368

Page **3**

Part	IV Capital Gains and	d Losses for Tax on Invest	ment Income			
		he kind(s) of property sold (e.g., nouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	700 SHS MORGAN STANLEY	ASIA PAC FD INC COM		D		2019-01-22
b	600 SHS CHIMERA INVESTM	MENT CORPORATION		Р		2019-02-26
С	10 SHS CALL FOCS \$45 EXP)		Р		2019-11-15
d	3132 SHS LIBERTY ALL STA	R EQUITY		D		2019-11-20
е	CAPITAL GAINS DIVIDENDS	i		Р		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis pense of sale	Gain o	h) r (loss)) minus (g)
a	11,9			768		11,191
b	15,4	25		15,288		137
c	2,1	.92				2,192
d	20,4	184		7,734		12,750
е	1	.47				147
	Complete only for assets sh	owing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a						11,191
<u> </u>						137
c						2,192
d						12,750
e						147
3	• -	n or (loss) as defined in sections 1	ons). If (loss), enter -0	, ,	3	26,417
Par	V Qualification Und	der Section 4940(e) for Re	duced Tax on Net	Investment In	come	
If sect Was th	ion 4940(d)(2) applies, leave ne foundation liable for the s	ate foundations subject to the sec e this part blank. ection 4942 tax on the distributal ualify under section 4940(e). Do	ble amount of any yea	r in the base period?		es 🗸 No
		nt in each column for each year;			ς	
Bas	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat		(d) Distribution rat (col. (b) divided by c	
	2018	186,681		496,117		0.376284
	2017	165,333		266,782		0.619731
	2016	171,988		298,911		0.575382
	2015	133,868		394,326		0.339486
	2014	79,210		386,069		0.205171
2	Total of line 1, column (d)			2		2.116054
	number of years the foundat	r the 5-year base period—divide t tion has been in existence if less t paritable-use assets for 2019 from	than 5 years	3.0, or by the 3		0.423211 545,933
5	Multiply line 4 by line 3 .			5		231,045
6		income (1% of Part I, line 27b)		6		517
				7		231,562
		s from Part XII, line 4 ,				145,346
		er than line 7, check the box in Pa			g a 1% tax rate. Se	

Form	990-PF (20)19)							F	age 6
Pai	rt VII-B	Statements Rega	rding	Activities for Which	Form 4720 May Be	Required (continued)				
5a	During the	year did the foundation	n pay o	r incur any amount to:					Yes	No
	(1) Carry	on propaganda, or othe	rwise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 🖸	/ No			
	(2) Influe	nce the outcome of any	specifi	public election (see sec	tion 4955); or to carry	L les L	_ 140			
	on, di	rectly or indirectly, any	oter re	gistration drive?		· · 🔲 Yes 🖸	No			
	(3) Provid	le a grant to an individu	al for t	avel, study, or other sim	ilar purposes?	Yes S	-			
		-		her than a charitable, etc	· -					
				ctions		· · · Yes	No			
				eligious, charitable, scien						
			•	ention of cruelty to child		∟ Yes 🗅	No			
b				iny of the transactions fa						
	_			nt notice regarding disas		_		5b		
Organizations relying on a current notice c If the answer is "Yes" to question 5a(4),										
С		•		sponsibility for the grant	•		_			
		•		y Regulations section 53.		· · L Yes L	∟ No			
6-		•		ive any funds, directly or		Imc on				
6a			•	ive any funds, directly of	** ' * '		-			
b				premiums, directly or inc		⊔ Yes 🗅	∠ No	6b		No
b		6b, file Form 8870.	ii, pay	premiums, unecciy or me	inectiy, on a personal be	ment contract: 1 1 1		05		
7a		·	as the	foundation a party to a p	prohibited tax shelter trai	nsaction?	7			
	-	- · · · · · · · · · · · · · · · · · · ·		roceeds or have any net		⊥ res ∟	∐ No	7b		
8	•			960 tax on payment(s) of						
		-		ar?			7			
						Yes 🔽 Yes 🗅 Yes 🗅	<u> </u>	VAAC		
Pai	rt VIII	and Contractors	01110	cis, Directors, irus	ices, i oundation in	magers, mgmy raid	Lilipio	yccs	,	
1	List all of	ficers, directors, trust	ees. fo	oundation managers ar	nd their compensation	. See instructions				
		,,	\neg	b) Title, and average	(c) Compensation (If	(d) Contributions to	(0)	Evnor	nse acc	ount
	(a) Na	me and address		hours per week	not paid, enter -0-)	employee benefit plans ar			llowand	
MALIR	Y FERTIG		DIRE	devoted to position	-0-)	deferred compensation	0			
	RIERHILL RO	AD	1.00	CTOR	١		٦			U
	FIELD, IL 60									
	Y FERTIG		DIRE 0.00	CTOR	0		0			0
	RIERHILL RO FIELD, IL 60		0.00							
	AM FERTIG D		DIRE	CTOR	0		0			0
	RIERHILL RO		0.00				1			Ū
	FIELD, IL 60		<u> </u>							
	Compens	ation of five highest-p	aid en	iployees (other than t	hose included on line :	L—see instructions). If n	one, e	nter "	NONE	<u>"</u>
(a)	Name and a	address of each employe	e paid	(b) Title, and average		(d) Contributions to employee benefit	(e)	Expen	se acco	unt.
(-)		ore than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferred			lowanc	
				шатата та разлиот		compensation				
NON										
							-			
							+			
							1			
							+			
							+			
							1			
		f other employees paid o	war #E	 n. nnn	<u> </u>	· · · · · •	+			
Tota	I number of									

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

2a |

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

1.035

26,262

26.262

26.262

145,346

145,346

145,346

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Tax on investment income for 2019 from Part VI, line 5.

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

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

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

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

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

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

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Page 9

26,262

26,262

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_	_	_	•	<u>.</u>	١,	_	_	_	_	,	
rl	t	X	•		I				ι	J	ı

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ndistributed Income (see instructions)

a From 2014.

b From 2015. c From 2016. . . .

d From 2017.

e From 2018.

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

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

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019:

61.130

169,277

115.838 158,128

155.092

169,277

119.084

115,838 158.128 155.092

119.084

778,549

61.130

717,419

(a)

Corpus

659,465

(b)

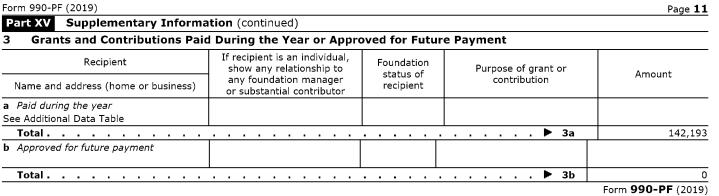
Years prior to 2018

(c)

2018

_						
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20			rating		
b	Check box to indicate whether the organizati	•	-	cribed in section \Box	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	, , , , , , , , , , , , , , , , , , ,	
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed	(-7	(-)	(-,	(-,	
h	85% of line 2a					
	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:					
а	"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 "Support" alternative test—enter:					
C	(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		<u> </u>	<u> </u>		
Pa	rt XV Supplementary Information			foundation had s	\$5,000 or more i	n
	assets at any time during the Information Regarding Foundation Mana		ructions.)			
1 a	List any managers of the foundation who hav		than 2% of the total	Lontributions receiv	ed by the foundation	1
-	before the close of any tax year (but only if					•
	See Additional Data Table					
	List any managers of the foundation who own	n 10% or more of th	e stock of a corpora	tion (or an equally la	arge portion of the	
	ownership of a partnership or other entity) o	of which the foundat	ion has a 10% or gr	eater interest.	3 ,	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here \blacktriangleright \square if the foundation only make	es contributions to i	reselected charitabl	e organizations and	does not accept	
	unsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, ar	nd d. See instruction	ns	-		
	The name, address, and telephone number of	or e-mail address of	the person to whom	annlications should	he addressed:	
u	MAURY FERTIG	or e man address or	the person to whom	r applications should	De addressed.	
	421 BRIERHILL ROAD					
	DEERFIELD, IL 60015					
	(847) 940-7130					
b	The form in which applications should be sub	mitted and informa	tion and materials th	ney should include:		
	THERE IS NO STANDARD FORM. SUBMIT A L	ETTER REQUESTING	G A CONTRIBUTION.	i		
_	Any submission deadlines:					
·	THERE ARE NO SUBMISSION DEADLINES.					
		ala a a las a series de la companya		estats total of the		
d	Any restrictions or limitations on awards, suc factors:	on as by geographic	ai areas, charitable f	rieids, Kinds of institu	itions, or other	

MUST BE EDUCATIONAL, RELIGIOUS OR CHARITABLE ORGANIZATION UNDER IRC 170(C)



ter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					
c					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	28,304	
Net rental income or (loss) from real estate:					_
a Debt-financed property.b Not debt-financed property..					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than					
inventory			18	1,342	
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
4					
d					
e		0		29 646	
e		0	13	29,646 3	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations.)			29,646 3	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	29,646
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the property of the accomplishment of the foundation's axis.	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular t XVI-B Relationship of Activities to the second s	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second seco	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular t XVI-B Relationship of Activities to the second s	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second seco	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ted importantly to	

٠.	>> (20	/		ble
		Information Pagarding Transfers To and Transactions and Polationships With Noncharit	abla	
Part XVII Information Regarding Transfers To and Transactions and Relationships With Nonch Exempt Organizations		abic		
L		nization directly or indirectly engage in any of the following with any other organization described in section 501		v

			anization directly									on described in sect	ion 501		Yes	No
	. , .		om the reporting	,,,,	_	,		,		_	amzadon	5:				
			· · · · ·	-	uation to a n	OTICHE	illable exe	empt organiza		OI.				1a(1)		No
			assets			٠.			٠.					1a(2)		No
	` '		actions:													
	(1) Sa	ales d	of assets to a no	nchari	table exemp	t orga	nization.							1b(1)		No
	(2) Pu	ırcha	ses of assets fro	m a n	oncharitable	exem	npt organiz	ation						1b(2)		No
	(3) Re	ental	of facilities, equ	iipmen	t, or other a	ssets.								1 b(3)		No
	(4) Re	eimb	ursement arrang	gement	ts									1b(4)		No
			or loan guarante											1b(5)		No
	(6) Per	rform	nance of services	s or me	embership o	r fund	raising sol	icitations	•					1b(6)		No
	-	-	acilities, equipm				•						•	1c		No
	of the g	good	s, other assets,	or serv	vices given b	y the	reporting t	foundation. If	the t	foundatior	n receive	ways show the fair ed less than fair ma ets, or services rece	rket valu			
(a)	Line No.	-	(b) Amount involv	ed	(c) Name of	nonch	aritable exer	mpt organization	1	(d) Desc	cription of	transfers, transaction	s, and shar	ing arrar	ngement	ts
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	describ	ed ir	dation directly or n section 501(c) mplete the follov (a) Name of orga	(other	than section		(c)(3)) or i	•	?.					No nship		
							-									
	0 4	f my	r penalties of per knowledge and preparer has ar	belief,	, it is true, co	t I ha orrect	ve examin, , and comp	ed this return plete. Declara	, incl	uding acc of prepare	ompanyi er (other	ng schedules and s than taxpayer) is b	statement pased on	s, and t	o the I mation	best of
_	gn ere	*:	****					2020-11-13			****		return	ie IRS dis ne prepar		
	'	Si	ignature of office	er or tr	rustee			Date		'т	itle			ıstr.) 🗹	Yes □] No
	•		Print/Type prep	arer's	name	Prep	arer's Sigr	nature		Date		Check if self- employed ▶ □	PTIN	P00626	208	
Pa	id		ELLYN SAMS	KY						2020-	11-09					
	epar e On		Firm's name ▶		N WEITZ & A					1		I.	Firm's E	IN ▶36-	39631	31
			Firm's address	1 1	1 DEER LAK	E ROA	D SUITE 1	25								
				DE	ERFIELD, IL	6001	15						Phone n	o. (847)	267-3	3400

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the t	ot
contributions received by the foundation before the close of any tax year (but only if they have contributed mor	e
than \$5,000).	

MAURY FERTIG

NANCY FERTIG

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
AMERICAN DIABETES FOUNDATION PO BOX 15829 ARLINGTON, VA 22215	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	36

ARLINGTON, VA 22215				
AMERICAN SOCIETY OF YAD VASHEM 500 FIFTH AVE 42ND FLOOR NEW YORK, NY 10110	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	118
BBYO INC	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	5,000

BBYO INC 2020 K STREET NW 7TH FLOOR N/A 501(C)(3) SUPPORT GENERAL OPERATIONS	110
WASHINGTON, DC 20006	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
BEBER CAMP 8833 GROSS POINT RD SUITE 312 SKOKIE, IL 60077	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	500

SKOKIE, IL 60077				
BETH SHOLOM FOUNDATION 4144 CHASE AVE MIAMI BEACH, FL 33140	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000

BETH SHOLOM FOUNDATION 4144 CHASE AVE MIAMI BEACH, FL 33140	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000
CAMERAPO BOX 35040 BOSTON, MA 02135	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,000

4144 CHASE AVE MIAMI BEACH, FL 33140				
CAMERAPO BOX 35040 BOSTON, MA 02135	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,000

Total .

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 60644	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	10,000

CHICAGO, IL 60644				
COHEN HILLEL AT THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 503 E JOHN STREET CHAMPAIGN, IL 61820	/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,500

ILLINOIS AT URBANA-CHAMPAIGN 503 E JOHN STREET CHAMPAIGN, IL 61820	IN/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,300
CHICAGO LIGHTHOUSE	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	90

503 E JOHN STREET CHAMPAIGN, IL 61820				
CHICAGO LIGHTHOUSE 1850 W ROOSEVELT RD	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	90

CHAMPAIGN, IL 61820				
CHICAGO LIGHTHOUSE 1850 W ROOSEVELT RD CHICAGO, IL 60608	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	90

CHICAGO LIGHTHOUSE 1850 W ROOSEVELT RD CHICAGO, IL 60608	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	90
Total			▶ 3a	142,193

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
CONGREGATION BETH SHALOM	N/A	501(C)(3)	SUPPORT GENERAL	

36

92

142,193

3433 WALTERS AVE NORTHBROOK, IL 60062			OPERATIONS	
CONGREGATION MICKVE ISRAEL 20 EAST GORDON ST	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	

ONGREGATION MICKVE ISRAEL 0 EAST GORDON ST AVANNAH, GA 31401	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	
ELEGATION OF JEWISH AMERICAN	N/A	501(C)(3)	SUPPORT GENERAL	

SAVANNAH, GA 31401				
DELEGATION OF JEWISH AMERICAN STUDENTS 1806 COLFAX STREET EVANSTON, IL 60201	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	750

SAVANNAH, GA 31401			OI EKATIONS	
DELEGATION OF JEWISH AMERICAN STUDENTS 1806 COLFAX STREET	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	7

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CJE SENIOR LIFE3003 W TOUHY AVE CHICAGO, IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000
EFFECTIVE ALTRUISM	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	3,600

EFFECTIVE ALTRUISM 2054 UNIVERSITY AVENUE BERKELEY, CA 94704	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	3,6
FIGHT COLORECTAL CANCER	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	

BERKELEY, CA 94704				
FIGHT COLORECTAL CANCER 134 PARK CENTRAL SQUARE SUITE 210 SPRINGFIELD MO 65806	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	75

•				
FIGHT COLORECTAL CANCER 134 PARK CENTRAL SQUARE SUITE 210 SPRINGFIELD, MO 65806	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	75
Total			▶ 3a	142,193

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
FRIENDS OF ELNET 400 SKOKIE BLVD SUITE 800 NORTHBROOK, IL 60062	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000

7135 CARPENTER ROAD SKOKIE, IL 60077	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
ILLINOIS HOLOCAUST MUSEUM 9603 WOODS DRIVE SKOKIE II 60077	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,500

SKOKIE, IL 60077				
ILLINOIS HOLOCAUST MUSEUM 9603 WOODS DRIVE SKOKIE, IL 60077	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JERUSALEM UNIVERSITY 11110 WOAKLAND PARK BLVD SUITE 288 SUNRISE, FL 333516808	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,500

288 SUNRISE, FL 333516808				
JEWISH CHILD FAMILY SERVICES 216 W JACKSON CHICAGO, IL 60606	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	75
JEWICH EDUCATION TEAM INC	NI/A	E01/C\(2\)	CURRORT CENERAL OPERATIONS	10

216 W JACKSON CHICAGO, IL 60606	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	/5
JEWISH EDUCATION TEAM INC 6708 N FRANCISCO AVE	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

216 W JACKSON CHICAGO, IL 60606		, , , ,		
JEWISH EDUCATION TEAM INC 6708 N FRANCISCO AVE CHICAGO, IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

,				1
JEWISH EDUCATION TEAM INC 6708 N FRANCISCO AVE CHICAGO, IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

JEWISH EDUCATION TEAM INC 6708 N FRANCISCO AVE CHICAGO, IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	
Total			▶ 3a	142,193

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
JEWISH NATIONAL FUND60 REVERE DR	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	190

,				i
JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	

Total .

JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	40,019
MAOT CHITIM OF CHICAGO	N/A	501(C)(3)	SUPPORT GENERAL	1,000

CHICAGO, IL 60606				
MAOT CHITIM OF CHICAGO 4433 WEST TOUGHY AVE	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000

1433 WEST TOUGHY AVE LINCOLNWOOD, IL 60712	N/A	501(C)(3)	OPERATIONS	1,000
-			•	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
NATIONAL PHILANTHROPY 1667 K NW 550 WASHINGTON, DC 20006	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	3,600

recipient

NEW LIGHT CEMETERY ASSOCIATION 6807 EAST PRAIRIE ROAD LINCOLNWOOD, IL 60712	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	3,900
WASHINGTON, DC 20000				

6807 EAST PRAIRIE ROAD LINCOLNWOOD, IL 60712		, ,, ,	OPERATIONS	·
NORTH SUBURBAN SYNAGOGUE 1175 SHERIDAN ROAD	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	60

6807 EAST PRAIRIE ROAD LINCOLNWOOD, IL 60712			OPERATIONS	
NORTH SUBURBAN SYNAGOGUE 1175 SHERIDAN ROAD HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	60

,				
NORTH SUBURBAN SYNAGOGUE 1175 SHERIDAN ROAD HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	60
Total			▶ 3a	142,193

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	280

633 CLARK STREET EVANSTON, IL 60208		301(0)(3)	OPERATIONS	200
NSS BETH EL1175 SHERIDAN RD HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	20,777

HIGHLAND PARK, IL 60035	,		OPERATIONS	,
ORT CHICAGO 3701 COMMERCIAL AVE 13 NORTHBROOK, IL 60062	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	136

▶ 3a

142,193

ORT CHICAGO	N/A	501(C)(3)	SUPPORT GENERAL	
3701 COMMERCIAL AVE 13			OPERATIONS	
NORTHBROOK, IL 60062				

701 COMMERCIAL AVE 13	, ,, ,	OPERATIONS	
IORTHBROOK, IL 60062			

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor.

	or substantial continuation			
a Paid during the year				
PI LAMBDA PHI60 NEWTOWN RD 118 DANBURY, CT 06810	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	360
		, and the second		

DANBURY, CT 06810	.,,	(-)(-)		
RAVINIA FESTIVAL418 SHERIDAN RD HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	4,000
RESPIRATORY HEALTH ASSOC	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	4,000
RESPIRATORY HEALTH ASSOC 1440 W WASHINGTON BLVD CHICAGO, IL 60607	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

RESPIRATORY HEALTH ASSOC 1440 W WASHINGTON BLVD CHICAGO, IL 60607	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
Total			▶ 3a	142,193

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or contribution Status of Status

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial continuation			
a Paid during the year				
RETT SYNDROME RESEARCH TRUST 67 UNDER CLIFF ROAD TRUMBULL, CT 06611	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	500

TRUMBULL, CT 06611				
SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE, CA 92057	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
SIMON WIESENTHAL CENTER	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

Total			▶ 3a	142,193
SIMON WIESENTHAL CENTER 1399 ROXBURY DRIVE LOS ANGELES, CA 90035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
OCEANSIDE, CA 92057				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
SOLOMON SCHECHTER DAY SCHOOL 3210 DUNDEE ROAD	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	6,177

3210 DUNDEE ROAD NORTHBROOK, IL 60062		301(0)(3)	SOLVENING STREET, SOLVENING	3,1.7
STAND WITH USPO BOX 341069 LOS ANGELES, CA 90034	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,650
THE EMBER FOUNDATION	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	8 500

-				
STAND WITH USPO BOX 341069 LOS ANGELES, CA 90034	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,650
THE EMBER FOUNDATION 3553 WEST PETERSON AVENUE SUITE 208 CHICAGO, IL 60659	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	8,500

Total			▶ 3a	142,193
THE EMBER FOUNDATION 3553 WEST PETERSON AVENUE SUITE 208 CHICAGO, IL 60659	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	8,500
LOS ANGELES, CA 90034		301(0)(3)	SOLI OKT GENERAL OF EKATIONS	1,030

THE EMBER FOUNDATION	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	8,500
3553 WEST PETERSON AVENUE SUITE				,
208 CHICAGO, IL 60659				

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

Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
TORAHUB 3553 WEST PETERSON AVENUE CHICAGO, IL 60659	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,360

CHICAGO, IL 60659				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 61801	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000
USC HILLEL FOUNDATION	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	6,460

Total			▶ 3a	142,193
USC HILLEL FOUNDATION 3300 S HOOVER ST LOS ANGELES, CA 90007	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	6,460
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 61801	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
YESHIVA UNIVERSITY 500 WEST 185TH ST NEW YORK, NY 10033	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	396

IEW YORK, NY 10033				
ISTULA FOUNDATION 922 THE ALAMEDA SUITE 302	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	

FIST	ULA FOUNDATION	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	
1922	THE ALAMEDA SUITE 302				
SAN	JOSE, CA 95126				

FISTULA FOUNDATION 1922 THE ALAMEDA SUITE 302 SAN JOSE, CA 95126	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	255
LACMA5905 WILSHIRE BLVD	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	70

1922 THE ALAMEDA SUITE 302 SAN JOSE, CA 95126		(-)(-)		
LACMA5905 WILSHIRE BLVD	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	70

SAN JUSE, CA 95126				
LACMA5905 WILSHIRE BLVD LOS ANGELES, CA 90036	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	70

LOS ANGELES, CA 90036	IN/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	
Total			▶ 3a	142,193

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
YESHIVAS OHR ELIYAHU - LUBAVITCH MESIVTA OF CHICAGO	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

2756 W MORSE AVE CHICAGO, IL 60645			OPERATIONS	
NATHANIEL RUSSELL HOUSE 51 MEETING ST	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	36

CHICAGO, IL 60645				
NATHANIEL RUSSELL HOUSE 51 MEETING ST CHARLESTON, SC 29401	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	36
REFUGE FOR WOMEN	N/A	501(C)(3)	SUPPORT GENERAL	100

51 MEETING ST CHARLESTON, SC 29401			OPERATIONS	
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

142,193

CHARLESTON, SC 29401				
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1

REFUGE FOR WOMEN	N/A	501(C)(3)	SUPPORT GENERAL	1
180 S WESTERN AVE 123			OPERATIONS	
CARPENTERSVILLE, IL 60110				

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

WALK 4 FRIENDSHIP6892 WEST MAPLE WEST BLOOMFIELD, MI 48322	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
a Paid during the year				

BIG BROTHERS BIG SISTERS 630 N IL ROUTE 31 CRYSTAL LAKE, IL 60012	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	50
PROJECT 6132836 W JARVIS	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2 250

CRYSTAL LAKE, IL 60012				
PROJECT 6132836 W JARVIS	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,250

	CRYSTAL LAKE, IL 60012				
П	PROJECT 6132836 W JARVIS CHICAGO, IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,250

PROJECT 6132836 W JARVIS CHICAGO,IL 60645	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	2,2

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CONGREGATION BHH KESSER MAARIV 4341 GOLF RD SKOKIE, IL 60076	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	600

SKOKIE, IL 60076			OF EIGHTONS	
GIES COLLEGE OF BUSINESS 1206 S 6TH ST CHAMPAIGN, IL 61820	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	5,000

GIES COLLEGE OF BUSINESS 1206 S 6TH ST CHAMPAIGN, IL 61820	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	5,000
GREENFIELD FAMILY FOUNDATION FOR NEUROBLASTOMA	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

1206 S 6TH ST CHAMPAIGN, IL 61820	·	, ,, ,	OPERATIONS	·
GREENFIELD FAMILY FOUNDATION FOR NEUROBLASTOMA 7572 BELLE VERDE WAY	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

CHAMI AIGN, IL GIGZO				
GREENFIELD FAMILY FOUNDATION FOR NEUROBLASTOMA 7572 BELLE VERDE WAY DELRAY BEACH, FL 33446	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	18

DELRAY BEACH, FL 33446			
NEUROBLASTOMA 7572 BELLE VERDE WAY		OPERATIONS	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

FOUNDATION	a Paid during the year				
NORWALK, CT 06851	FOUNDATION 383 MAIN AVE5TH FLOOR	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	25

383 MAIN AVE5TH FLOOR NORWALK, CT 06851				
THE NORTH SHORE UNIVERSITY HEALTH SYSTEM 1033 UNIVERSITY PLACE SUITE 450 EVANSTON, IL 60201	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100

THE NORTH SHORE UNIVERSITY HEALTH SYSTEM 1033 UNIVERSITY PLACE SUITE 450 EVANSTON, IL 60201	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
THE ARK3100 DUNDEE RD SUITE 802	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	180

1033 UNIVERSITY PLACE SUITE 450 EVANSTON, IL 60201				
THE ARK3100 DUNDEE RD SUITE 802	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	180

142,193

EVANSTON, IL 60201				
THE ARK3100 DUNDEE RD SUITE 802 NORTHBROOK, IL 60062	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	180

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
THE ART CENTER1957 SHERIDAN RD HIGHLAND PARK, IL 60035	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	500

HIGHLAND PARK, IL 60035				
SHALOM SMA601 SKOKIE BLVD 402 NORTHBROOK, IL 60062	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	1

	SHALOM SMA601 SKOKIE BLVD 402 NORTHBROOK, IL 60062	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	100
1	MISSION MINYAN3543 18TH ST	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	54

NONTHIBICOR, IE 00002				
MISSION MINYAN3543 18TH ST	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	54
SAN FRANCISCO, CA 94110				

142,193

MISSION MINYAN3543 18TH ST	N/A	501(C)(3)	SUPPORT GENERAL OPERATIONS	5
SAN FRANCISCO, CA 94110	·	, ,, ,		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491318013760					
TY 2019 Accounting Fe	es Schedule			_	
_					
Name: MAURY AND NANCY FERTIG FAMILY FOUNDATION					
	EIN: 36-3927187				
	LIN. 30-3927	107		1	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING	5,625	2,813		2,812	

		-		
Y	2019	Investments Corporat	e Bonds Sche	dule

DLN: 93491318013760

End of Year Fair

Market Value

367

End of Year Book

Value

9,264

7,699

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

Name of Bond

Investments Corporate Bonds Schedule

1,850,000 FNMA SHARES

150,000 FNMA 11/25/23

Name: MAURY AND NANCY FERTIG FAMILY FOUNDATION

EIN: 36-3927187

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	DLN: 93491318013760

TY 2019 Investments Corporate Stock Schedule

Name: MAURY AND NANCY FERTIG FAMILY FOUNDATION

EIN: 36-3927187

5000 SHS FOCUS FINL PARTNERS INC COM CL A

600 SHS ROYAL DUTCH SHELL PLC SPON ADR B

114 SHS ZOETIS INC COM USD

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
1,500 SHS CHIMERA INVESTMENT CORP	38,574	40,155
2,500 SH BLACKROCK CREDIT ALL INC TR	29,077	34,950
3000 SH ANWORTH MORTGAGE ASSET CP	75,680	75,990
300 SH GDL FUND COM SH BEN IT	4,109	2,790
1000 SH NUVEEN CREDIT STRATEGIES INCOME FUND	11,951	7,670
56 SH CEDAR REALTY TR INC.	1,663	1,404
9500 SH BARINGS BDC INC	105,054	97,660
6000 SH OAKTREE STRATEGIC INCOME CORP	50,426	49,140
7000 PENNANTPARK INVT CORP	52,478	45,710
9163 SHS LIBERTY ALL STAR EQUITY FD SH BEN INT	61,076	62,034

193,950

34,387

14,676

147,350

35,982

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491318013760
TY 2019 Legal Fees Schedule				
_				
	ne: MAURY AND IN: 36-3927187	NANCY FERTIG FA	AMILY FOUNDATIO	ON
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	350	175		175

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913180	13760	
TY 2019 Other Decreases Schedule					
Name:	MAURY AND N	IANCY FERTIG FAMILY FOUND	ATION		
EIN:	36-3927187				
De	escription		Amount		
OTHER ADJUSTMENT				891	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491318013760					
TY 2019 Other Expenses Sche	dule				
Name: MAURY AND NANCY FERTIG FAMILY FOUNDATION					
EIN:	36-3927187				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ILLINOIS SECRETARY OF STATE FILING FEE	10	0		10	
ILLINOIS CHARITY BUREAU	15	0		15	
PARKING	121	0		121	
TRAVEL	136	0		0	

MISCELLANEOUS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 9349131801376	50		
TY 2019 Substantial Contributors Schedule					
	MAURY AND N 36-3927187	NANCY FERTIG FAMILY FOUNDATION			
Name Address					
MAURY AND NANCY FERTIG		421 BRIERHILL ROAD DEERFIELD, IL 60015			
WILLIAM FERTIG		421 BRIERHILL ROAD DEERFIELD, IL 60015			

efile GRAPHIC print - DO NOT I	PROCESS	As Filed Data	-	DLI	N: 93491318013760
TY 2019 Taxes Schedule					
	Name:	MAURY AND	NANCY FERTIG FA	MILY FOUNDATION	N
		36-3927187			•••
	LTI4.	30-392/10/			
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX		13,313	0		0

Schedule B	O NOT PROCESS	As Filed Data -	le of Contributo	re	DLN: 93491318013760 OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF)	60, 990-EZ, F) ► Attach to Form 990, 990-EZ, or 990-PF. t of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.			2010		
Department of the Treasury Internal Revenue Service				2019		
Name of the organization MAURY AND NANCY FERT		ON		Eı	mployer identification number	
Organization type (che	eck one):			36	5-3927187	
Filers of:	Section:					
	oecuon.					
Form 990 or 990-EZ	☐ 501(c)()	(enter number) o	organization			
	☐ 4947(a)(1) nonexempt char	itable trust not treated as	s a private foundatior	١	
	☐ 527 politic	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3)	501(c)(3) taxable private foundation				
					s totaling \$5,000 or more (in termining a contributor's total	
Special Rules						
under sections 5 received from ar	i09(a)(1) and 170(b)(1)(A)(vi), that che uring the year, tota	cked Schedule A (Form sal contributions of the gre	990 or 990-EZ), Part	oport test of the regulations II, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form	
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 o Dexclusively for religious, animals. Complete Parts	charitable, scientific	ed from any one contributor, , literary, or educational	
during the year, If this box is che purpose. Don't c	contributions <i>exclusi</i> cked, enter here the complete any of the p	vely for religious, total contributions arts unless the Ge	charitable, etc., purposes that were received durin	s, but no such contrib g the year for an <i>exc</i> is organization becau	ed from any one contributor, putions totaled more than \$1,000. clusively religious, charitable, etc., use it received nonexclusively • \$	
990-EZ, or 990-PF), but	it must answer "No"	on Part IV, line 2	ile and/or the Special Rul , of its Form 990; or chec et the filing requirements	k the box on line H o	of its Form 990-EZ	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		uctions	Cat. No. 30613X	Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)	

Employer identification number 36-3927187

NAOKT AND NAM	ET PERTIE FAMILITY FOUNDATION	30-392/18/	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM FERTIG 421 BRIERHILL ROAD DEERFIELD, IL 60015	\$ 119,243	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAURY AND NANCY FERTIG 421 BRIERHILL ROAD DEERFIELD, IL 60015	\$ 193,950	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MAURY AND NANCY FERTIG 421 BRIERHILL ROAD DEERFIELD, IL 60015	\$ 50,676	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	MAURY AND NANCY FERTIG 421 BRIERHILL ROAD DEERFIELD, IL 60015	\$ 31,195	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	MAURY AND NANCY FERTIG 421 BRIERHILL ROAD DEERFIELD, IL 60015	\$ 14,676	☐ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)		Page 3	
Name of org	anization NANCY FERTIG FAMILY FOUNDATION	Employer identification number		
		36-3927187		
Part II	Noncash Property			
(a) No. from Part I	(see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
2	5000 SHS FOCUS FINL PARTNERS INC COM CL A	\$ 193,950	2019-03-04	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
3	7632 SHS LIBERTY ALL STAR EQUITY FD SH BEN INT	\$ 50,676	2019-11-07	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
4	4663 SHS LIBERTY ALL STAR EQUITY FD SH BEN INT	\$ 31,195	2019-12-19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
<u>5</u>	114 SHS ZOETIS INC COM USD0.01 CL A	\$ 14,676	2019-12-19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$		
		Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2019)	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization ID NANCY FERTIG FAMILY FOUNDATION		Employer identification number 36-3927187
Part III	than \$1,000 for the year from any one contributo	r. Complete columns (a) th of exclusively religious, cha actions.) ► \$	ped in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a)			
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift R	elationship of transferor to transferee
		_	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)