

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

Name of foundation LAVIN FAMILY FOUNDATION		A Employer identification number 36-6106074	
Number and street (or P.O. box number if mail is not delivered to street address) 155 N WACKER DRIVE STE 1680		Room/suite	B Telephone number (see instructions) (312) 477-7600
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 64,024,334		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	901,244			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	87,596	87,689		
	4 Dividends and interest from securities . . . . .	920,130	1,068,626		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,345,102			
	b Gross sales price for all assets on line 6a _____ 15,936,589				
	7 Capital gain net income (from Part IV, line 2) . . . . .		2,506,566		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	2,349,471	77,434		
	12 Total. Add lines 1 through 11 . . . . .	6,603,543	3,740,315		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	556	0		0
	b Accounting fees (attach schedule) . . . . .	18,500	18,500		0
	c Other professional fees (attach schedule) . . . . .	378,966	378,966		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	69,982	20,562		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	9,433	0		15
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	477,437	418,028		15
	25 Contributions, gifts, grants paid . . . . .	5,447,447			4,796,556
	26 Total expenses and disbursements. Add lines 24 and 25	5,924,884	418,028		4,796,571
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	678,659			
	b Net investment income (if negative, enter -0-)		3,322,287		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	1,463,415	2,782,764	2,782,764
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .	175		
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	31,892,160	29,993,241	43,532,336
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	14,275,198	15,534,944	15,709,234
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	2,000,000	2,000,000	2,000,000	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	49,630,948	50,310,949	64,024,334	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	1,342	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	1,342	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	49,630,948	50,309,607	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	0	0	
<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	49,630,948	50,309,607		
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	49,630,948	50,310,949		

Part III Analysis of Changes in Net Assets or Fund Balances		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	49,630,948
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	678,659
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	50,309,607
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	50,309,607

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b CAPITAL GAINS DIVIDENDS</b>	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 15,935,307		13,430,023	2,505,284
<b>b</b> 1,282			1,282
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			2,505,284
<b>b</b>			1,282
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <div style="display: inline-block; vertical-align: middle; text-align: center;">             { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }         </div> </div>	<b>2</b>	2,506,566
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</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 does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	5,251,264	64,757,582	0.081091
2017	5,257,276	64,376,518	0.081664
2016	5,638,896	62,384,173	0.090390
2015	4,389,742	68,772,600	0.063830
2014	4,257,577	66,476,458	0.064046

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.381021
<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>	0.076204
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	59,450,519
<b>5</b> Multiply line 4 by line 3	<b>5</b>	4,530,367
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	33,223
<b>7</b> Add lines 5 and 6	<b>7</b>	4,563,590
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	4,796,571

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	33,223
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	33,223
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	33,223
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	42,138
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	20,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	62,138
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	28,915
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 28,915 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

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

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► POLISHED NICKEL CAP MGMT LLC Telephone no. ► (312) 477-7600			
	Located at ► 155 N WACKER DR STE 1680 CHICAGO IL ZIP+4 ► 60606			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► CJ		<b>Yes</b>	

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

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

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

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

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

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

(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
CAROL BERNICK 155 N WACKER DRIVE SUITE 1680 CHICAGO, IL 60606	PRESIDENT AND TREASURER 0.50	0	0	0
ELIZABETH HUBER 155 N WACKER DRIVE SUITE 1680 CHICAGO, IL 60606	VICE PRESIDENT AND SECRETARY 0.50	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

[illegible]

<b>Total</b> number of others receiving over \$50,000 for professional services.	0
--	---

<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
------------------	--

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses

generations and other documents (e.g., conference notices, research papers, preprints, etc.)	
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	55,526,921
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	2,828,936
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,000,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	60,355,857
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	60,355,857
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	905,338
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	59,450,519
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,972,526

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,972,526
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	33,223
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	33,223
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,939,303
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,939,303
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,939,303

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	4,796,571
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	4,796,571
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	33,223
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	4,763,348

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				2,939,303
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . . 713,112				
<b>b</b> From 2015. . . . . 1,010,037				
<b>c</b> From 2016. . . . . 2,546,308				
<b>d</b> From 2017. . . . . 2,103,569				
<b>e</b> From 2018. . . . . 2,072,637				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	8,445,663			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 4,796,571				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<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. . . . .				2,939,303
<b>e</b> Remaining amount distributed out of corpus	1,857,268			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,302,931			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .	713,112			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	9,589,819			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . . 1,010,037				
<b>b</b> Excess from 2016. . . . . 2,546,308				
<b>c</b> Excess from 2017. . . . . 2,103,569				
<b>d</b> Excess from 2018. . . . . 2,072,637				
<b>e</b> Excess from 2019. . . . . 1,857,268				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).)

CAROL BERNICK

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

CAROL L BERNICK  
155 N WACKER DR SUITE 1680  
CHICAGO, IL 60606  
(312) 477-7603

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

THERE IS NO SPECIAL FORM. A LETTER REQUESTING A DONATION IS ACCEPTABLE.

**c** Any submission deadlines:

NO SUBMISSION DEADLINES.

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

NO RESTRICTIONS OR LIMITATIONS.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	4,796,556
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	87,596	
<b>4</b> Dividends and interest from securities. . . . .			14	920,130	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			14	2,349,471	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	2,345,102	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		5,702,299	0
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		5,702,299

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of:
- (1)** Cash. . . . .
- (2)** Other assets. . . . .
- b** Other transactions:
- (1)** Sales of assets to a noncharitable exempt organization. . . . .
- (2)** Purchases of assets from a noncharitable exempt organization. . . . .
- (3)** Rental of facilities, equipment, or other assets. . . . .
- (4)** Reimbursement arrangements. . . . .
- (5)** Loans or loan guarantees. . . . .
- (6)** Performance of services or membership or fundraising solicitations. . . . .
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. |                          |                                 |
|--|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	2020-11-12 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	***** <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY A HAUMANN		2020-11-12		P00546491
	Firm's name ▶ PLANTE & MORAN PLLC				Firm's EIN ▶ 38-1357951
	Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606				Phone no. (312) 207-1040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACCESS LIVING 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	NONE	PC	GENERAL FUND	2,500
AFTER SCHOOL MATTERS 66 EAST RANDOLPH STREET CHICAGO, IL 60601	NONE	PC	GENERAL FUND	5,000
ALS ASSOCIATION - CHICAGO CHAPTER 220 W HURON ST 4003 CHICAGO, IL 60654	NONE	PC	GENERAL FUND	2,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 55 E MONROE SUITE 3420 CHICAGO, IL 60607	NONE	PC	GENERAL FUND	5,000
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY ONE BATTERY PARK PLZ 25TH FL NEW YORK, NY 10004	NONE	PC	GENERAL FUND	25,000
AMERICAN RED CROSS 431 18TH STREET WASHINGTON, DC 20006	NONE	PC	GENERAL FUND	32,482
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BAYOU WOODS SCHOOL 35614 LIBERTY DR SLIDELL, LA 70460	NONE	PC	GENERAL FUND	2,252
BEEF4HUNGER309 KING MUIR DRIVE LAKE FOREST, IL 60045	NONE	PC	GENERAL FUND	2,000
BIG SHOULDERS 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	PC	GENERAL FUND	216,118
<b>Total . . . . . ▶ 3a</b>				4,796,556



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUB 550 W VAN BUREN ST SUITE 350 CHICAGO, IL 60607	NONE	PC	GENERAL FUND	374,421
BREAKTHROUGH URBAN MINISTRIES 402 N ST LOUIS CHICAGO, IL 60624	NONE	PC	GENERAL FUND	7,310
CAAELPO BOX 602 LA GRANGE, IL 60525	NONE	PC	GENERAL FUND	16,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	PC	GENERAL FUND	50,000
CAST WATER SAFETY FOUNDATION 155 N WACKER DR CHICAGO, IL 60606	RELATED	POF	GENERAL FUND	217,000
CATHOLIC CHARITIES721 N LASALLE CHICAGO, IL 60654	NONE	PC	GENERAL FUND	4,122
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CC FOR SOUTH SUBURBIAPO BOX 39 TINLEY PARK, IL 60477	NONE	PC	GENERAL FUND	8,432
CFLLSPIRIT OF LINCOLN FUND 205 S 5TH ST SPRINGFIELD, IL 62701	NONE	PC	GENERAL FUND	5,000
THE CHICAGO COUNCIL ON GLOBAL AFFAIRS 180 N STETSON AVE 1400 CHICAGO, IL 60601	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CHICAGO FIRE DEPARTMENT FOUNDATION 35 W WACKER DR CHICAGO, IL 60601	NONE	PC	GENERAL FUND	2,000
CHILDREN'S HOME AID 125 S WACKER DR SUITE 1400 CHICAGO, IL 60606	NONE	PC	GENERAL FUND	19,515
COLLEGE OF LAKE COUNTY 19351 WASHINGTON STREET GRAYSLAKE, IL 60030	NONE	PC	GENERAL FUND	2,516
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLUMBIA COLLEGE 600 S MICHIGAN AVENUE SUITE 400 CHICAGO, IL 60605	NONE	PC	GENERAL FUND	6,354
DIGESTIVE HEALTH FOUNDATION 541 N FAIRBANKS CT SUITE 800 CHICAGO, IL 60611	NONE	PC	GENERAL FUND	5,000
DU PAGE PADS 705 WEST LIBERTY DRIVE WHEATON, IL 60187	NONE	PC	GENERAL FUND	1,113
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ENCHANTED BACKPACK 155 N WACKER DR CHICAGO, IL 60606	RELATED	PF	GENERAL FUND	935,380
FARM AID 501 CAMBRIDGE ST 3RD FLOOR CAMBRIDGE, MA 02141	NONE	PC	GENERAL FUND	40,000
FRIENDS OF PRENTICE251 E HURON ST CHICAGO, IL 60611	NONE	PC	GENERAL FUND	31,697
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE FIELD MUSEUM 1400 S LAKE SHORE DR CHICAGO, IL 60605	NONE	PC	GENERAL FUND	10,000
GLASS SLIPPER PROJECT PO BOX 577915 CHICAGO, IL 60657	NONE	PC	GENERAL FUND	2,905
THE GOLDEN APPLE FOUNDATION 8 S MICHIGAN AVE 700 CHICAGO, IL 60603	NONE	PC	GENERAL FUND	5,000
Total . . . . . ▶ 3a				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HARVARD UNIVERSITY 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	NONE	PC	GENERAL FUND	10,000
HEART J CENTER FOR EXPERIENTIAL LEARNING 2939 N COUNTY ROAD 31D LOVELAND, CO 80538	NONE	PC	GENERAL FUND	10,000
HELPING HAND PARTNERS 329 W 18TH STREET SUITE 714 CHICAGO, IL 60616	NONE	PC	GENERAL FUND	2,500
<b>Total . . . . .</b> ► <b>3a</b>				4,796,556



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HESED HOUSE659 S RIVER ST AURORA, IL 60506	NONE	PC	GENERAL FUND	2,886
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	PC	GENERAL FUND	14,173
INFANT WELFARE SOCIETY 3600 W FULLERTON AVE CHICAGO, IL 60647	NONE	PC	GENERAL FUND	2,363
<b>Total . . . . .</b> ► <b>3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ILLINOIS INSTITUTE OF TECHNOLOGY 3424 S STATE ST CHICAGO, IL 60616	NONE	PC	GENERAL FUND	5,000
INSPIRATION MINISTRIESPO BOX 948 WALWORTH, WI 53184	NONE	PC	GENERAL FUND	252
INVEST FOR KIDS 875 N MICHIGAN AVE 3400 CHICAGO, IL 60611	NONE	PC	GENERAL FUND	2,500
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE IRELAND FUNDS 10 POST OFFICE SQUARE STE 120 BOSTON, MA 02109	NONE	PC	GENERAL FUND	5,000
ISRAEL CANCER RESEARCH FUND 52 VENDERBILT AVE NO 1510 NEW YORK, NY 10017	NONE	PC	GENERAL FUND	10,000
JOSEPHINUM ACADEMY OF THE SACRED HEART 1501 NORTH OAKLEY BLVD CHICAGO, IL 60622	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHEIVEMENT OF CHICAGO 651 W WASHING BLVD 404 CHICAGO, IL 60661	NONE	PC	GENERAL FUND	5,000
KELLOGG SCHOOL OF MANAGEMENT 633 CLARK ST EVANSTON, IL 60208	NONE	PC	GENERAL FUND	200,000
KIDS KLOSET848 LAKE STREET OAK PARK, IL 60301	NONE	PC	GENERAL FUND	1,074
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAKE GENEVA FRESH AIR ASSOCIATION PO BOX 10 WILLIAMS BAY, WI 53191	NONE	PC	GENERAL FUND	5,000
LAKEVIEW PANTRY 3945 SHERIDAN ROAD CHICAGO, IL 60613	NONE	PC	GENERAL FUND	2,511
LAZARUS HOUSE214 WALNUT STREET ST CHARLES, IL 60174	NONE	PC	GENERAL FUND	1,212
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEGAL MOMENTUM 32 BROADWAY STE 1801 NEW YORK, NY 10004	NONE	PC	GENERAL FUND	5,000
LEWIS UNIVERSITY ONE UNIVERSITY PARKWAY ROMEONVILLE, IL 60446	NONE	PC	GENERAL FUND	20,000
THE LEXINGTON SCHOOL 1050 LANE ALLEN RD LEXINGTON, KY 40504	NONE	PC	GENERAL FUND	30,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LOYOLA NEW ORLEANS 6363 ST CHARLES AVE NEW ORLEANS, LA 70118	NONE	PC	GENERAL FUND	14,090
LP COMMUNITY SERVICES 600 W FULLERTON PKWY CHICAGO, IL 60614	NONE	PC	GENERAL FUND	693
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606	NONE	PC	GENERAL FUND	20,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MALNATI BRAIN TUMOR INSTITUTE 541 N FAIRBANKS CT 1630 CHICAGO, IL 60611	NONE	PC	GENERAL FUND	10,000
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST SUITE 400 ALEXANDRIA, VA 22314	NONE	PC	GENERAL FUND	7,500
MERCY HOME HBOYS & GIRLS 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	PC	GENERAL FUND	4,230
<b>Total . . . . .</b> ► <b>3a</b>				4,796,556



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN ST SUITE 1400 CHICAGO, IL 60603	NONE	PC	GENERAL FUND	5,000
MIDWEST VETERAN'S CLOSET 2323 GREEN BAY RD NORTH CHICAGO, IL 60064	NONE	PC	GENERAL FUND	1,251
MIDTOWN EDUCATIONAL FOUNDATION 718 S LOOMIS ST CHICAGO, IL 60607	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILLENIUM PARK FOUNDATION 201 E RANDOLPH ST CHICAGO, IL 60601	NONE	PC	GENERAL FUND	10,000
MUCHIN COLLEGE PREP 1 N STATE ST FLOOR 7 CHICAGO, IL 60606	NONE	PC	GENERAL FUND	477
MUSEUM OF SCIENCE & INDUSTRY 5700 S LAKE SHORE DRIVE CHICAGO, IL 60637	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MY JOYFUL HEARTPO BOX 502 LOCKPORT, IL 60441	NONE	PC	GENERAL FUND	667
NAVY PIER600 EAST GRAND AVE CHICAGO, IL 60611	NONE	PC	GENERAL FUND	8,000
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH, VA 23459	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NCH HEALTHCARE SYSTEM 350 7TH ST NORTH NAPLES, FL 34102	NONE	PC	GENERAL FUND	83,334
NIGHT MINISTRY4711 N RAVENSWOOD CHICAGO, IL 60640	NONE	PC	GENERAL FUND	3,953
NORTHWESTERN TRANSIENT CARE FACILITY 541 N FAIRBANKS CHICAGO, IL 60611	NONE	PC	GENERAL FUND	6,241
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	NONE	PC	GENERAL FUND	78,398
OAK PARK TEMPLE1325 N HARLEM AVE OAK PARK, IL 60302	NONE	PC	GENERAL FUND	750
OUNCE OF PREVENTION FUND 33 WEST MONROE ST SUITE 2400 CHICAGO, IL 60603	NONE	PC	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PLANO MIDDLE SCHOOL 804 S HALE STREET PLANO, IL 60545	NONE	PC	GENERAL FUND	10,000
SARAH'S INN309 HARRISON ST OAK PARK, IL 60304	NONE	PC	GENERAL FUND	17,270
SHEDD AQUARIUM 1200 SOUTH LAKESHORE DR CHICAGO, IL 60605	NONE	PC	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHIRLEY RYAN ABILITYLAB 355 EAST ERIE ST CHICAGO, IL 60611	NONE	PC	GENERAL FUND	25,000
SOUL CITY CHURCH1150 W ADAMS CHICAGO, IL 60607	NONE	PC	GENERAL FUND	198
SPECIAL OLYMPICSSPO BOX 699 NORMAL, IL 61761	NONE	PC	GENERAL FUND	1,000
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SPORTS SHED 872 S MILWAUKEE BOX 112 LIBERTYVILLE, IL 60048	NONE	PC	GENERAL FUND	493
ST JOSEPH'S SERVICES1501 N OAKLEY CHICAGO, IL 60622	NONE	PC	GENERAL FUND	414
THRESHOLDS 4101 NORTH RAVENSWOOD CHICAGO, IL 60622	NONE	PC	GENERAL FUND	5,649
<b>Total . . . . . ▶ 3a</b>				4,796,556




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TULANE UNIVERSITY 1555 POYDRAS ST SUITE 1000 NEW ORLEANS, LA 70112	NONE	PC	GENERAL FUND	2,000,000
TWIN OAKS20 ECLIPSE CENTER BELOIT, WI 53511	NONE	PC	GENERAL FUND	338
UCAN3605 W FILLMORE ST CHICAGO, IL 60622	NONE	PC	GENERAL FUND	5,513
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNDIES FOR EVERYONE 4019 S BRAESWOOD HOUSTON, TX 77025	NONE	PC	GENERAL FUND	1,190
UNITED WAY 333 S WABASH AVE 30TH FL CHICAGO, IL 60604	NONE	PC	GENERAL FUND	603
WAUKEGAN TO COLLEGE 410 GRAND AVE WAUKEGAN, IL 60503	NONE	PC	GENERAL FUND	90
<b>Total . . . . . ▶ 3a</b>				4,796,556

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WINGSP0 BOX 95615 PALATINE, IL 60095	NONE	PC	GENERAL FUND	48,416
WORLD BUSINESS CHICAGO 177 N STATE ST SUITE 500 CHICAGO, IL 60601	NONE	PC	GENERAL FUND	10,000
YEAR UP CHICAGO 45 MILK STREET 9TH FL BOSTON, MA 02110	NONE	PC	GENERAL FUND	210
<b>Total . . . . . ▶ 3a</b>				4,796,556

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YWCA METROPOLITAN CHICAGO 1 N LASALLE SUITE 1150 CHICAGO, IL 60602	NONE	PC	GENERAL FUND	5,000
<b>Total</b> . . . . .  <b>3a</b>				4,796,556

**TY 2019 Accounting Fees Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	18,500	18,500		0

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

# **TY 2019 Expenditure Responsibility Statement**

**Name:** LAVIN FAMILY FOUNDATION

**EIN:** 36-6106074

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
BAKER DOWNTOWN EMERGENCY DEPARTMENT RENOVATION FUND - NCH HEALTHCARE SYSTEM	350 7TH ST NORTH NAPLES, FL 34102	2018-03-20	250,000	RESTRICTED TO PAYING FOR THE COST OF DESIGNING, CONSTRUCTING AND EQUIPING THE BAKER DOWNTOWN EMERGENCY DEPARTMENT	83,334	TO OUR KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED.	11/3/20	2020-11-03	GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.
CAST WATER SAFETY FOUNDATION	155 N WACKER DR CHICAGO, IL 60606	2019-09-04	217,000	REDISTRIBUTION OF FUNDS FOR STUDENT INSTRUCTION GRANTS AND INSTRUCTOR TRAINING GRANTS, REMAINING FOR GENERAL ACTIVE CHARITABLE ACTIVITIES OF THE FOUNDATION	217,000	TO OUR KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED.	11/11/20	2020-11-11	GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION IS REQUIRED
ENCHANTED BACKPACK	155 N WACKER DR SUITE 1680 CHICAGO, IL 60606	2019-08-28	935,780	REDISTRIBUTION OF FUNDS TO VARIOUS SCHOOLS FOR SUPPLIES AND OTHER EDUCATIONAL ITEMS, REMAINING FOR GENERAL EXPENSES OF THE FOUNDATION	935,780	TO OUR KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED.	11/10/20	2020-11-10	GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION WAS MADE
FRIENDS OF PRENTICE	251 E HURON ST CHICAGO, IL 60611	2019-07-23	30,000	SUPPORT FOR 2019 FRIENDS OF PRENTICE, AN EVENING WITH OZ FOR THE PRENTICE WOMEN'S HOSPITAL NURSES. REMAINING FUNDS WERE USED IN THE GENERAL FUND TO FULFILL GRANTS TO NORTHWESTERN MEMORIAL HOSPITAL AND THE PRENTICE WOMEN'S HOSPITAL AS SELECTED BY THE FRIENDS OF PRENTICE BOARD OF DIRECTORS.	30,000	TO OUR KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED.	11/5/20	2020-11-05	GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION WAS MADE
FRIENDS OF PRENTICE	251 E HURON ST CHICAGO, IL 60611	2019-05-28	1,697	IN-KIND DONATION OF STUFFED ANIMALS WAS USED TO FULFILL GRANTS BY HAVING THE ITEMS DONATED TO NORTHWESTERN MEDICINE PRENTICE WOMEN'S HOSPITAL	1,697	TO OUR KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED.	11/5/20	2020-11-05	GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION WAS MADE

**TY 2019 Investments Corporate Stock Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
	29,993,241	43,532,336

## TY 2019 Investments - Other Schedule

**Name:** LAVIN FAMILY FOUNDATION

**EIN:** 36-6106074

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
	AT COST	15,534,944	15,709,234



**TY 2019 Legal Fees Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	556	0		0

# TY 2019 Other Assets Schedule

**Name:** LAVIN FAMILY FOUNDATION

**EIN:** 36-6106074

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PRI - CALVERT NOTE	2,000,000	2,000,000	2,000,000

**TY 2019 Other Expenses Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECRETARY OF STATE FILING FEE	15	0		15
OTHER	9,418	0		0

**TY 2019 Other Income Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BRAHMAN	330,305	72,689	330,305
FIR TREE K1	-918	0	-918
CANYON VALUE K1	48,397	0	48,397
PERRY PARTNERS	58,968	4,745	58,968
IMPALA FUND	330,397	0	330,397
HARBOR SPRINGS	1,508,155	0	1,508,155
ARES	74,167	0	74,167

**TY 2019 Other Liabilities Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER	0	1,342

**TY 2019 Other Professional Fees Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGEMENT FEES	378,966	378,966		0

**TY 2019 Taxes Schedule****Name:** LAVIN FAMILY FOUNDATION**EIN:** 36-6106074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	18,327	20,562		0
FEDERAL TAXES	51,655	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization LAVIN FAMILY FOUNDATION		Employer identification number 36-6106074

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  
LAVIN FAMILY FOUNDATIONEmployer identification number  
36-6106074**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAROL L BERNICK 8665 BAY COLONY DR APT PH-2104  NAPLES, FL 34108	\$ 900,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization LAVIN FAMILY FOUNDATION	Employer identification number 36-6106074
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

36-6106074

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)