Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0047

20	19
Open to Publ	ic Inspection

	For	calendar year 2019 or tax year beginning		12/20 , 2019 , and ending 12/31 , 20 1
		of foundation		A Employer identification number
	SACHS FAMILY FOUNDATION			RECEIVED 46-2648455
		per and street (or P O box number if mail is not delivered to	street address)	I Room/suite B Telephone number (see instructions)
			1,	JUL 27 2020 O (847) 715-2452
	16	03 ORRINGTON AVENUE	13	JUL 27 2020 9 (847) 715-2452
		r town, state or province, country, and ZIP or foreign posta		8
	EV	ANSTON, IL 60201	L	OGDEN, UT rexemption application is pending, check here ▶ ∟
		heck all that apply X Initial return	Initial ret	eturn of a former public charity D 1 Foreign group globs check here
	0 0	Final return		- Constitution of the Cons
		Address change	X Name ch	OFW And about here and attach
	<u> </u>	heck type of organization X Section 501(S Computation
	\vdash			9° V I F If private foundation status was terminated
		Section 4947(a)(1) nonexempt charitable trust		ble private foundation under section 507(b)(1)(A), check here
			unting method	— With the fourth action is an a co-month termination —
			ther (specify)	under section 507(b)(1)(B), check here
	_	1(1 2111)	column (d), must be	
	Par	t I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	
h		may not necessarily equal the amounts in	expenses per books	income income purposes
1		column (a) (see instructions))		(cash basis only)
/以	1	Sibo foundation is not account to	210,0	
() '	2	Check ► If the foundation is not required to attach Sch B		
_	3			
	4	Dividends and interest from securities		
	5	a Gross rents		
		b Net rental income or (loss)		
	ଷ 6	a Net gain or (loss) from sale of assets not on line 10		
	<u>ਛ</u>	b Gross sales pnce for all assets on line 6a		
	Kevenue 7			0.
1	Ž 8	, , , , , , , , , , , , , , , , , , , ,		
	9	. ' -		
	10		•	
		b Less Cost of goods sold .		
		c Gross profit or (loss) (attach schedule)		
	11	Other income (attach schedule)		
	12		210,00	0.00.
	13	Compensation of officers, directors, trustees, etc		0.
	(A)			
	9 14 15	Other employee salaries and wages Pension plans, employee benefits		
			· · · · · · · · · · · · · · · · · · ·	
<u>ت</u>	מׁוֹ וֹבֻ	a Legal fees (attach schedule)		
71	<u>ا</u> لا	b Accounting fees (attach schedule)		
~		c Other professional fees (attach schedule)		
− ₩	17	Interest		
مي	≝ ¹⁸	Taxes (attach schedule) (see instructions)		
\$₹	E 19	Depreciation (attach schedule) and depletion.		
	2 0	Occupancy		
6 条	일 21	Travel, conferences, and meetings		
GSWWABS C 2021	ਰ 22	Printing and publications		
2675 29 2021	23	Other expenses (attach schedule)		
-	24	Total operating and administrative expenses		
~	e e	Add lines 13 through 23		0.
MAN CO	5 25	Contributions, gifts, grants paid	205,00	
<i>`</i> Y⊍	26	Total expenses and disbursements Add lines 24 and 25	205,00	205,00
32	27	Subtract line 26 from line 12		
72		a Excess of revenue over expenses and disbursements	5,00	000.
		b Net investment income (if negative, enter -0-)		0.
		c Adjusted net income (if negative, enter -0-)		
JSA	For P	aperwork Reduction Act Notice, see instructions.		Form 990-PF (20

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 4078PU 701Y

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P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	nd of year
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing		5,00	5,000
	2		cash investments			
	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts ▶			
	4	Pledges receivable ▶				
		Less allowance for dou	btful accounts ▶			
	5		· · · · · · · · · · · · · · · · · · ·			
	6		officers, directors, trustees, and other			
		disqualified persons (at	tach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule)	** **		
			btful accounts >		·	l
Ş			se			
ssets	9		eferred charges			
Ą	10a		e government obligations (attach schedule)			
	ь		stock (attach schedule)			
		Investments - corporate	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	S. •			
		Less accumulated deprecia				
	12	(attach schedule)	loans			
	13		ach schedule)			
	14	Land, buildings, and equipment basis	•			
	1	Less accumulated deprecia	ntion			
	15	Other assets (describe				
	16	Total assets (to be	completed by all filers - see the			
	<u> </u>	instructions Also, see p	age 1, item I)	0.	5,00	0. 5,000
	17	Accounts payable and a	accrued expenses			
	18					
S	19					,
Liabilities	20		ors, trustees, and other disqualified persons			
ä	21	Mortgages and other no	otes payable (attach schedule)			1
	22	Other liabilities (describe	● ▶)			
						}
	23	Total liabilities (add line	s 17 through 22)	0.		0.
S		Foundations that follow	v FASB ASC 958, check here			
ည		and complete lines 24,	25, 29, and 30.			}
Balances	24	Net assets without done	or restrictions			i
_		Net assets with donor re	estrictions			<u> </u>
nd		Foundations that do not for	ollow FASB ASC 958, check here 🕨 🔀			<u> </u>
교		and complete lines 26 three	ough 30			•
ō	26	Capital stock, trust prine	cipal, or current funds		•	1
ţ	27	Paid-in or capital surplus, or	land, bldg, and equipment fund,			
šŠe	28	Retained earnings, accumi	ulated income, endowment, or other funds		5,00	
ž	29	Total net assets or fund	balances (see instructions)	0.	5,00	0.
É	26 27 28 29 30	Total liabilities and	net assets/fund balances (see			
_			· · · · · · · · · · · · · · · · · · ·		5,00	0.
			nges in Net Assets or Fund Bala		_	
1			palances at beginning of year - Part		- 1	
			ed on prior year's return)			1 0
			line 27a			5,000
						3
				• • • • • • • • • • • • • • •		5,000
		reases not included in				5
_6	Tota	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 29	5,000

Page 3

Рa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income				
	• •	scribe the kind(s) of property sold (for	•	(b) How acquired	(c) Date acquired	(d) Date sold	
	2-story b	prick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)	
<u>1 a</u>				_			
<u>b</u>							
<u>c</u>							
d				-			
<u>e</u>			(a) Coat as all a Laur			- 	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu		
		(======================================	, and an	 	((-) p (/)	(3//	
<u>a</u> b			·	 -	_		
<u>.</u>			<u> </u>	 			
d				 			
<u>e</u>					-		
<u> </u>		showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Cal. (b) as	an minus	
		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less t		
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))	
a					_		
<u></u> b							
d							
e							
_	Constal ages and spages	or (not contal loss) [If g	ain, also enter in Part I, line 7	1 7			
2	Capital gain net income	for (flet capital loss)	loss), enter -0- ın Part I, lıne 7	2			
3		gain or (loss) as defined in sections					
	=		structions If (loss), enter -0- in $\}$				
		<u> </u>		3			
Pa	rt V Qualification	<u> Under Section 4940(e) for Re</u>	duced Tax on Net Investment I	ncome			
Was		the section 4942 tax on the distrib	butable amount of any year in the b	ase period	J?	Yes No	
_		n't qualify under section 4940(e)					
1_	(a)		ear, see the instructions before make	ng any en	(d)		
Cali	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by		
	2018				(-, -, -, -, -, -, -, -, -, -, -, -, -, -		
	2017						
	2016				•		
	2015						
_	2014						
2	Total of line 1, column (d)		2			
3			de the total on line 2 by 5 0, or by				
	the number of years the	foundation has been in existence	if less than 5 years	3			
	-		-				
4	Enter the net value of n	oncharitable-use assets for 2019 t	from Part X, line 5	4			
5	5 Multiply line 4 by line 3						
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6			
-		(1 211 211, 111 210,					
7	Add lines 5 and 6	. . 		7			
8	Enter qualifying distribut	tions from Part XII, line 4		8			
	If line 8 is equal to or g Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate See the	

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instri	uction	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		-	_ ,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	- 		ا ا۔ ۔ ۔
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-			0.
6	Credits/Payments			-
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
	Exempt foreign organizations - tax withheld at source			į
b	Zhompi tologi olganizationo tox manologi olganizationo			+
C	Tax para train approach for extension of time to the (1 time cook).			1
	Backup withholding erroneously withheld			₀ .
7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached ,			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities		Τ	T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes_	No
	participate or intervene in any political campaign?	_1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			.,
	instructions for the definition	1b	├	X .
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c	 	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			١.
	(1) On the foundation ►\$(2) On foundation managers ►\$		Ì	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			l i
	on foundation managers \$;
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_		Х
	If "Yes," attach a detailed description of the activities			!
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	If "Yes," attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	- (;
Ü	By language in the governing instrument, or		'	:
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			· '
		6	x	1
_	conflict with the state law remain in the governing instrument?	7	Х	\vdash
_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			;
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		١.
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATCH 1	86	'	x ·
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			Ţ.,
9	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"		-	
		9		x
	complete Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		х	1
	names and addresses	10	1 -	í

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Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ_	
	Website address ▶ N/A		_	
14	The books are in care of ▶ MICHAEL BURKE Telephone no ▶ 847-715-	2452	2	
	Located at ▶1603 ORRINGTON AVENUE SUITE 820 EVANSTON, IL ZIP+4 ▶ 60201		_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	. []
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	<u> 1</u> 6		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			: ;
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		l	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			- (
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			ſ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			:
				i
	(e) i binish goods, services, or labilities to (or accept them norm) a disqualities person.			į
	(1,7 - 5,7 - 5,1 -			}
	(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)?	:		
	the series of the description of the series			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			ì
	termination of government service, if terminating within 90 days)			t
h	of figure any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		1
	Organizations relying on a current notice regarding disaster assistance, check here		_	!
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			!
·	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			i
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			'
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			,
	6d and 6e) for tax year(s) beginning before 2019?		1	
	If "Yes," list the years ,,,,,			:
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			ŀ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	_ • •		
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
)			1
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		ŀ	,
	at any time during the year?		1	١ ١
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			i t
	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			ı
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		-	
_	foundation had excess business holdings in 2019)	3b		 _
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u> _
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			-x;
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	- 1	А

Pai	rt VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Red	quired (continue	d)	•	
5a	During the year, did the foundation pay or incur any a	mount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to inf	luence legislation (section	on 4945(e))?	. Yes X	No T		-
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry o				- 1
	directly or indirectly, any voter registration drive?			Yes X	No		
	(3) Provide a grant to an individual for travel, study, of				No	.	
	(4) Provide a grant to an organization other than				'		ļ
	section 4945(d)(4)(A)? See instructions				No		1
	(5) Provide for any purpose other than religious,					,	{
	purposes, or for the prevention of cruelty to children or animals?						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				' I .		1
	Regulations section 53 4945 or in a current notice reg					-	
	Organizations relying on a current notice regarding di					1	
С	If the answer is "Yes" to question 5a(4), does the				, <u> </u>		. 4
•	because it maintained expenditure responsibility for the		•		No		}
	If "Yes," attach the statement required by Regulations				""		. [
6a	Did the foundation, during the year, receive any f	` ,	rectly to hav premili	ms	1		1
	on a personal benefit contract?	•			No		1
ь	Did the foundation, during the year, pay premiums, d				6b	· \	,
-	If "Yes" to 6b, file Form 8870		a porconal bonone contri		05		1
7a	At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?	Yes X	No -		
ь	If "Yes," did the foundation receive any proceeds or h					- ~ l	
8	Is the foundation subject to the section 4960 tax on p				.	Τ.	
	remuneration or excess parachute payment(s) during t	, ,		Yes X	No		i
Par	t VIII Information About Officers, Direct	ors, Trustees, Fo	ındation Manager				
1	and Contractors List all officers, directors, trustees, and found	ation managers and	their compensation	San instructions		_	
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eypon	E0 20001	unt.
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred compensati	other of	llowance	s S
ATCI	H 2		0.		0.		0.
		_					
		_				-	
2	Compensation of five highest-paid employee	s (other than thos	se included on line	e 1 - see instru	ctions). If n	one, e	enter
	"NONE."	(h) Tille and a reserve		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen	se accou lowance:	
		devoted to position		compensation	Other al		
		_					
	NONE						
	<u> </u>	_					
		_					
		_					
		1					
	,						
						_	
	number of other employees paid over \$50,000.	_					

Form 990-PF (2019) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A 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 NONE All other program-related investments. See instructions

Form 990-PF (2019)

NONE

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
2	·	1 – 1 a	
a b	Average monthly fair market value of securities		2,500.
	Fair market value of all other assets (see instructions).	1c	
q	Total (add lines 1a, b, and c)	1d	2,500.
e			
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		2,500.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).		38.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,462.
6	Minimum investment return. Enter 5% of line 5		4.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	4.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a		
b	Income tax for 2019 (This does not include the tax from Part VI) 2b]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	4.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4.
Pai	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		205,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	205,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	•
•	Enter 1% of Part I, line 27b See instructions.		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	205,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated qualifies for the section 4940(e) reduction of tax in those years	liculating w	nether the foundation

Page	Ç
гаус	

Рa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				4.
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only				ł
	Total for prior years 20 17 ,20 16 ,20 15				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				,
d	From 2017				,
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 205,000.				,
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)	- ·	 	 -	<u> </u>
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2019 distributable amount			**	4.
	Remaining amount distributed out of corpus	204,996.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				1
_	indicated below:	204,996.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5			 	1
р	Prior years' undistributed income Subtract				
c	Inne 4b from line 2b				
	income for which a notice of deficiency has				!
	been issued, or on which the section 4942(a) tax has been previously assessed				<u>'</u>
4	Subtract line 6c from line 6b Taxable				
u	amount - see instructions				,
е	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	ļ			
	distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ļ			
	170(b)(1)(F) or 4942(g)(3) (Election may be				ı
	required - see instructions)			-	
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	204,996.			
10	Analysis of line 9	Ì	_		
	Excess from 2015		ļ		
b	Excess from 2016				
	Excess from 2017		•		, }
	Excess from 2018				
е	Excess from 2019 204,996.				

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, ques	tion 9)	NOT APPLICABLE
	1a If the foundation has received a ruling or determination letter that it is a private operating					
	foundation, and the ruling	•		•	· ·	
h	Check box to indicate v	·	· ·			J)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years	10 12	1 10 12(1)(0)
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment		(b) 2016	(6) 2017	(d) 2010	
	return from Part X for each			İ		
	year listed			<u> </u>	 -/	
b	85% of line 2a				 /	
С	Qualifying distributions from Part			ĺ		
	XII, line 4, for each year listed .			 /	 -	
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			/		
а	"Assets" alternative test - enter			<u> </u>		
	(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 invest-					
	ment return shown in Part X, line 6 for each year listed		ľ			
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dwdends, rents,					
	payments on securities					
	loans (section 512(a)(5)).					
	or royalties)					
	public and 5 or more					1
	exempt organizations as provided in section 4942	1				
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization				 	
Da	(4) Gross investment income. rt XV Supplement	stant Information (Complete this part	only if the found	lation had \$5 000 a	or more in assets at
	any time d	uring the year - see	instructions.)			
	Information Regarding	= = =		- 45 00/ -6 45 4		
а	List any managers of before the close of any					
	N/A					
b	List any managers of					ly large portion of the
	ownership of a partner	snip or other entity) of	wnich the foundation	nas a 10% or greate	er interest	
	,					
_	N/A		216. (
2	Information Regarding			• •		
	Check here ► X If t					
				ants, etc., to individu	als or organizations u	nder other conditions,
	complete items 2a, b, o					
а	The name, address, a	nd telephone number	or email address of th	ne person to whom ap	pplications should be ad	dressed
b	The form in which app	lications should be sub	omitted and information	on and materials they	should include	
						
С	Any submission deadle	nes.				
d	Any restrictions or li	mitations on awards	, such as by geogra	aphical areas, charit	table fields, kinds of	institutions, or other

Page **11**

Part XV Supplementary Information	(continued)			Page 1 1
3 Grants and Contributions Paid Du	ring the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a rais admig mo your				
ATCH 3				
		1		
			1	
			İ	
			1	
			1	
			1	
Total		<u></u>	▶ 3a	205,000.
b Approved for future payment				
		Į.		
	•			
			!	
	Į.			
		1		
Total		· · · · · ·	▶ 3b	

Form 990-PF		uoina Act				Page 12
Part XV				Evaluded b		(e)
•	s amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	Related or exempt function income
=	m service revenue					(See instructions)
				-		
d						
е				ļ		
f						
g Fees	and contracts from government agencies					
	rship dues and assessments			ļ		
	on savings and temporary cash investments •			 		
_	ds and interest from securities					<u> </u>
	t-financed property		,		*	
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	nvestment income					·
8 Gain or	(loss) from sales of assets other than inventory	_		_		
	ome or (loss) from special events · · ·					
	profit or (loss) from sales of inventory			 -		
	evenue a		<u></u> .			
e						
12 Subtota	al Add columns (b), (d), and (e)					
	add line 12, columns (b), (d), and (e)				13	
Part XVI	B Relationship of Activities		complichment of E	vomnt Dur	2000	
	1					
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	ms exemp	t purposes (other than	by providing	runus for such purpose	s) (See instructions)
	<u> </u>					
						
	 					
		, _ '				
					<u> </u>	
						
		 -				
						
			<u>,</u>			
	1					

		Organizations									-
1 [Old the	e organization direc	tly or indirectly e	ngage in any of the foll	owing wit	h any other orga	nization	described		Yes	No
1	n sec	ction 501(c) (othe	r than section 5	01(c)(3) organizations) or in :	section 527, re	lating to	political			•
	-	zations?		••							
				noncharitable exempt						-	
											Х
			• • • • • • • • •	• • • • • • • • • • • • • •		• • • • • • • • •			1a(2)		Х
		transactions									
				pt organization							Х
				le exempt organization.							Х
				ssets							X
				· · · · · · · · · · · · · · · · · ·							X
											X
				or fundraising solicitation						$\vdash \vdash \vdash$	X
				other assets, or paid en						لــــــا	<u> </u>
a i	i ine value (answer to any of t	ne above is Yes,	" complete the following given by the reporting	ng scheal	Jie Column (b)	should a	lways show	the	iair m	arke
۷	alue (n anv transaction o	assets, or service	ement, show in column	(d) the va	due of the goods	atton rec	ceived less	เกลก อยขอ	rair m	arke
(a) Line		(b) Amount involved		ncharitable exempt organization		I) Description of trans					
(4) 200	- 110	N/A	(c) Name of flor	inchantable exempt organization		/A	iers, transat	ctions, and snar	ing arra	ngemer	nts
					— '		.	_			
										-	
$\overline{}$		 									
				-				-			
									-		
								-			
d	lescrib	ed in section 501(c) (other than secti	ated with, or related to on 501(c)(3)) or in section					Ye	es X] No
	res	" complete the folio (a) Name of organization		(b) Type of organizati			al Danasa				
		(a) Name of organization	<u></u>	(b) Type of organizati	-	-	c) Descript	ion of relations	пр		
			-								
		· -	-								
		-									
		.									
0:				this return, including accompan- layer) is based on all information of			o the best of	of my knowledge	and b	elief, it	ıs true
Sign Here	Sign	pall 5 interest and the state of the state o	whe	C/30/20		aretary		May the IRS with the prep See instructions	parer sl		retum elow? No
					ritio	,		See mandenons	<u></u> _] . ea □	
		Print/Type preparer's na	ame	Preparer's signature		Date	Che	eck of P	TIN		
Paid		GORDON SCHWA		Preparer's signature		6/3/20		~ □ □ "		58024	4
Prepa	arer		OO USA, LLP	_L		Sen-employed		12 52			
Use C	Only		00 BRYN MAWF	R AVE. SUITE 300			· ······ SEIN			-	
	•		SEMONT, IL			60018	Phone no	847-67	6-20	000	

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

SACHS FAMILY FOUNDAT	ION	Employer Identification number			
	46-2648455				
Organization type (check one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation			
501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General F	Pule and a Special Rule. See			
instructions	, (o), or (10) organization can eleck boxes for both the General P	idie and a Special Rule See			
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts I and II. Secontributions				
Special Rules					
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that mictions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (I that received from any one contributor, during the year, total color fithe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)			
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 99 he year, total contributions of more than \$1,000 exclusively for renal purposes, or for the prevention of cruelty to children or anima	eligious, charitable, scientific,			
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					
990-EZ, or 990-PF), but it mus	sn't covered by the General Rule and/or the Special Rules does t answer "No" on Part IV, line 2, of its Form 990, or check the bi certify that it doesn't meet the filing requirements of Schedule B	ox on line H of its Form 990-EZ or on its			
For Denominal Particular Assistan					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

JSA

9E1251 1 000

Employer identification number 46 - 2648455

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_	MICHAEL A SACHS CHARITABLE REMAINDER TRU 151 SEMINOLE AVE PALM BEACH, FL 33480	\$ 210,000.	Person X 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)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b)	(c) Total contributions	(d)				
NO.	Name, address, and ZIP + 4	\$	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)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)				

Name of organization SACHS FAMILY FOUNDATION

Employer identification number 46-2648455

ncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Same instructions Same instructions

Employer identification number

		46-2648455
Part III	Exclusively religious, charitable, etc., contributions to organizations described	in section 501(c)(7), (8), or

		ions completing Part e year (Enter this in	: III, enter the tota formation once.	. Complete columns (a) through (e) and al of exclusively religious, charitable, etc. See instructions.) ►\$
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transfo	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relat	ionship 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, ar	(e) Transf	-	ionship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				-
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			·	
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship of transferor to transferee

2019 FORM	990-	· PF
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SACHS FAMILY FOUNDATION

46-2648455

CHMENT	

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE SACHS FAMILY FOUNDATION IS NOT REQUIRED TO FILE AN ANNUAL REPORT BECAUSE IT DOES NOT SOLICIT FUNDS IN ILLINOIS.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

46-2648455

ATTACHMENT 2

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	. 0	. 0	. 0	0.
CONPENSATION BENEF	Ö	· o	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR 1.00	TREASURER/DIRECTOR 1.00	SECRETARY/DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	LAURA SACHS 1603 ORRINGTON AVENUE 820 EVANSTON, IL 60201	DAVID SACHS 1603 ORRINGTON AVENUE 820 EVANSTON, IL 60201	MICHAEL BURKE 1603 ORRINGTON AVENUE 820 EVANSTON, IL 60201	

SACHS FAMILY FOUNDATION

46-2648455

ATTACHMENT 3

205,000

TOTAL CONTRIBUTIONS PAID

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	RGANIZATION 100,000	RGANIZATION 25,000	35,000	RGANIZATION 25,000	RGANIZATION 10,000	10,000
PURPOSE OF GRANT OR CONTRIBUTION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION	TO ENHANCE THE PURPOSE OF THE ORGANIZATION
AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	OUNCE OF PREVENTION P O BOX 775767 CHICAGO, IL 60677	CHILDREN'S HOSPITAL LOS ANGELES FOUNDATION 4650 SUNSET BLVD MS #29 LOS ANGELES, CA 90027	JEWISH FEDERATION OF PALM BEACH COUNTY 1 HARVARD CIR #100 WEST PALM BEACH, FL 33409

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