Form **990-PF**

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

2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Information about form 990-PF and its separate instructions is at www.irs.gov/form990.nf

2010

| 14 Other employee salaries and wages | | | r year 2015, or tax year beginning | | , 2015 | , and ending | 7.113 | .gov//o/mssopi. Op | en to Public Inspection |
|--|---|----------|--|--|--|---------------------------------------|------------|--|---------------------------|
| ## ABS FIRST DAY ROAD Supplies Part Computer Part Computer Part | | 11.50 | | | | | A | | mber |
| ## ABS FIRST DAY ROAD Supplies Part Computer Part Computer Part | Number | and stre | ton for Peripheral Ne et (or P.O. box number if mail is not delivered | to street a | at.hy address) | Room/suite | B | | nuctions) |
| City or town, sake or province, county, and 2Pe or freezy posses roles Eff Fail of Crove | 485 | Hal | f Day Road | | , | 350 | 5 | Action Control of the | |
| G Check all that apply: Initial return Final return Name change H Check type of organization: [Section 4947(a)(1) nonexompt chanistal that be provided to the control of t | | | | tal code | | | | | — |
| Final return Address change Name chang | | | party - | | | | - 10 | if exemption application is | penaing, check here. |
| Address change | G Cr | eck a | posterior (| Ļ | | er public charity | D | 1 Foreign organizations, che | eck here |
| H. Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets at end of year I filter face value of all assets of a set of year I filter face value of all assets of a set | | | and the same of th | - | Capacity Co. Capac | | | 2 Foreign organizations mor | eting the 85% test, where |
| Section 4947(a)(1) nonexempt charitable trust | H Ch | eck tu | | , | | un detiese | + | here and attach computati | ion · · · · · · · |
| Fair market value of all assets at end of year (from Part II, column (c), line is) Debe (specify) Obbe (specify) Obbe (specify) Part II, column (c), line is) Obbe (specify) Part II, column (c) Obbe (specify) | 71 01 | | | | | | = | If private foundation status | - was terminated |
| Comparability Column (c), line 16) | 1 Fai | | | | | | ┨- | | |
| Part Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (c) Adjusted ne | (fre | m Part | II, column (c), line 16) | Luming | | AJAccidai | - | If the foundation is in a 10 | |
| Part Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) may not necessarily equal the amounts (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) may not necessarily equal the amounts (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) may not necessarily equal the amounts (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) Disbursements (for charitable proposes (cash basis only) (c), and (d) Disbursements (d) Disbur | ▶ ; | Š | 320,061. | | | ash basis.) | - | | |
| EXPENSES (The total of amounts in column (a) expenses per books income for charitable purposes (cash basis only) equal the amounts in column (a) (see instructions) | Part | | nalysis of Revenue and | | | | .+ | T | T |
| Comparison plans, employee salaries and wages 107,593 157,694 157,694 157,694 157,694 168 16 | | SE | arily equal the amounts in column (| in ces- a) | | | | | for charitable purposes |
| 3 Interest on surveys and temporary cash investments 12 4 Diridends and interest from securities 5 6 Gross vents 5 Gross vents | | 1 | Contributions, gifts, grants, etc. received (attach scher | dule) | 1,096,238. | | 11.00 | CONT. C. | 三四次和日本報告を会議される 第 |
| ## A Disident and interest from securities | | 2 | 22 / | | | | | | MAINS SANCES IN SELE |
| ## A Disident and interest from securities | | 3 | Interest on savings and temporary cash investments | | 10 | | | | |
| Date | | 1 | | | 12. | | | | |
| Comparison Com | | 1 | | | | | | | |
| B | | 1 | Net rental income or (loss) | | | field (2)/20peral | | EVEN GESTRAFFINE | 以 不是是一个人们的 |
| ## A Part of the Composition of | | | | | | EXELERATION OF | Tall | | |
| Section Sect | V | | assets on line 6a · · · | | | | | Asker Helston Ya | 言語が記れている。 |
| Part | | 1 | | | | | | MARKET CLAR SECTION | 建石机器等品牌及政务会 |
| Page | U | 9 | Income modifications | | | | | | |
| B Less: Cost of goods sold C C Gross profit or (loss) (allach schedule) C C C Gross profit or (loss) (allach schedule) C C C Gross profit or (loss) (allach schedule) C C C C C C C C C | E | 10 a | a Gross sales less returns and allowances | | | | 1000 | | |
| C Cross profil or (loss) (altach schedule) | | | | | | | | | |
| 11 Other income (attach schedule) | | | goods sold · · · | | MALANTENENS, D. | | | | |
| 12 Total. Add lines 1 through 11. 1,096,250. 13 Compensation of officers, directors, trustees, etc. 157,694. 157,694. 157,694. 100 1 | | 1 | | 1 | | CONTRACTOR | 188 | | SUPPLIES SECTION |
| 13 Compensation of officers, directors, trustees, etc. 157, 694. 157, 694. 157, 694. 157, 694. 107, 593. 107, | | 1 | Sole, income (attach scrietidie) | | | | | | |
| 13 Compensation of officers, directors, trustees, etc. 157, 694. 157, 694. 157, 694. 157, 694. 107, 593. 107, | | 12 | Total. Add lines 1 through 11 | | 1,096,250. | | | | |
| 15 Pension plans, employee benefits 24,584 24,584 31,870 31,870 16a Legal fees (attach schedule) L-16a Strat. 11,372 27,792 | *************************************** | 13 | Compensation of officers, directors, trustees, | , etc · · | | | ********** | | 157,694. |
| 16a Legal fees (attach schedule) L-16a Stmt 11,372 31,870 27,792 | | 1 | | | | | | | 107,593. |
| b Accounting fees (attach sch) . L-16b Stmt . 27,792 . 27,792 . 27,792 . 27,792 . 27,792 | | 1 | | | | | | | 24,584. |
| Cother prof. fees (altach sch) Cother prof. fees (altach schodule)(see instrs) Cother prof. fees (altach schodule)(see instrs) Cother prof. fees (altach schodule)(see instrs) Cother prof. fees (altach schodule) C | | 1 | | i i | | | | | 31,870. |
| No. | M | | | STATE STATE OF THE PARTY OF THE | 27,792. | | | | 27,792. |
| R | 0 1 | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| R | | | | | 16 798 | | | | 16 709 |
| Total operating and depletion 269 20 Occupancy 269 21 Travel, conferences, and meetings 8,916 8,916 22 Printing and publications 3,395 3,395 3,395 23 Other expenses (attach schedule) See Line 23 Strnt 372,350 372,350 372,350 24 Total operating and administrative expenses. Add lines 13 through 23 730,763 750,992 25 Contributions, gifts, grants paid 261,550 261,550 261,550 | RR | 19 | Depreciation (attach | ŀ | | | | | 10,750. |
| 21 Travel, conferences, and meetings 8, 916. 8, 916 22 Printing and publications 3, 395. 3, 395 3 Other expenses (attach schedule) 5 See Line 23 Stmt 372, 350. 372, 350 4 Total operating and administrative expenses. Add lines 13 through 23 730, 763. 750, 992 5 Contributions, gifts, grants paid 261, 550. 261, 550 | 1 1 | 20 | | • • • • • • | 269. | | | | |
| 22 Printing and publications 3,395 3,395 3,395 | G E | 1 | | | Ω Ω16 | | | | Ω 016 |
| 23 Other expenses (attach schedule) See Line 23 Stmt 372,350 372,350 24 Total operating and administrative expenses. Add lines 13 through 23 | A E | 1 | | | 3,395 | | | | 3,395 |
| S E S S S S S S S S S S S S S S S S S S | D P | 23 | Other expenses (attach schedule) | İ | | | | | |
| 25 Contributions, gifts, grants pald | N | | | | 372,350. | | | | 372,350. |
| 25 Contributions, gifts, grants pald | E | 24 | | | 720 762 | | | | 750 002 |
| | 5 | 25 | 그 그렇게 그렇게 하는 이렇게 되는 것이 되었다면 하는 것이 없었다. | | | | | Corporation of the contract of | 261.550 |
| | | 26 | | | | | | | |
| | | - | | | 992,313. | | | | 1,012,542. |
| 27 Subtract line 26 from line 12; a Excess of revenue over expenses | | 1 | | | ELECTRIC PROPERTY. | | | | |
| and disbursements · · · · · · · · · · · · · · · · · · · | | " | | | 103,937. | | | | |
| b Net Investment income (if negative, enter -0-) | | b | Net investment income (if negative, enter -0 | D-) | | | | THE PROPERTY OF THE PARTY. | A DO SEE EN LAR |
| C Adjusted net income (if negative, enter -0-) | | c | Adjusted net income (if negative, enter -0-) | | | | | | |

| m 99 | O-PF | (2015) Foundation For Peripheral Neuropat | hy | 26-11 | The state of the s |
|-----------|---------|--|-----------------------------|--|--|
| | | Attached schedules and amounts in the description | Beginning of year | End o | |
| art II | Ba | alance Sheets column should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 0 | Cash - non-interest-bearing | 274,944. | 286,688. | 286,688. |
| | 2 5 | Savings and temporary cash investments | | | |
| | 3 A | Accounts receivable | | | A STATE OF THE STA |
| | L | Less: allowance for doubtful accounts | | | |
| | | Pledges receivable | | | |
| | | ess: allowance for doubtful accounts | | | |
| | | Grants receivable | | 33,373. | 33,373 |
| | 6 0 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | a constant and a cons | |
| | | Other notes and loans receivable (attach sch) | | | |
| A | | Less: allowance for doubtful accounts | | | |
| A S T | | Inventories for sale or use | | The state of the s | |
| 2 | | Prepaid expenses and deferred charges | | | |
| | | | | | |
| 5 | (| Investments — U.S. and state government obligations (attach schedule) | | | ! |
| | | Investments — corporate stock (atlach schedule) | | | |
| | | Investments — corporate bonds (attach schedule) | | WILLYAN SANTAKA MANAGAMA | |
| | | Investments – land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | 0 | |
| | | Investments – mortgage loans | | | |
| | 13 | Investments - other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis | Marie da Lifera de | | |
| | | Less: accumulated depreciation | | | |
| | | (attach schedule) | 269. | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - | 275,213. | 320,061 | . 320,061 |
| _ | | see the instructions. Also, see page 1, item I) | 59,089. | 0207002 | Transmission of the state of |
| | | Accounts payable and accrued expenses | 39,009. | | |
| 4 | | Grants payable | | | |
| В | | Deferred revenue | | | |
| L | | Loans from officers, directors, trustees, & other disqualified persons | | | |
| 1 | 21 | Mortgages and other notes payable (attach schedule) | | | |
| T | 22 | Other liabilities (describe | | | annua en |
| E | | - 11: 19:4 - (-11: E 47 through 22) | 59,089. | | |
| S | 23 | Total liabilities (add lines 17 through 22) | | | |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| F | 24 | Unrestricted | 116,124. | 320,061 | · |
| U | 25 | Temporarily restricted | 100,000. | | |
| D | 26 | Permanently restricted | | | |
| ВА | | Foundations that do not follow SFAS 117, check here . Fand complete lines 27 through 31. | | | |
| BALA | 27 | Capital stock, trust principal, or current funds | | | |
| N | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| C | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| 2.5 | 30 | | 216,124. | 320,063 | 1. |
| | 31 | (see instructions) | 275,213. | 320,06 | 1. |
| | | Analysis of Changes in Net Assets or Fund Balance | | | |
| | Tota | nl net assets or fund balances at beginning of year — Part II, column | (a), line 30 (must agree | with | 1 216,12 |
| 2 | Ente | er amount from Part I, line 27a | | | 2 103,93 |
| 3 | Other | r increases not included in line 2 (itemize) | | | 3 |
| | V 11-11 | r increases not included in line 2 (itemize) | | | 4 320,06 |
| 4 | Muu | The state of the s | | | 5 |
| E | THECK | cases not included in mic & (netting) | | | |
| 5 | Tata | al net assets or fund balances at end of year (line 4 minus line 5) - | Part II, column (b), line 3 | 0 | 6 320,06 |

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Part VI instructions.

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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

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1,012,542.

| orm 9 | 990-PF (2015) Foundation For Peripheral Neuropathy 26-1195 | 248 | | Pag | ge 4 |
|-------|--|------|-----|-----|---------|
| art | 330-1 (2013) Fedinalion for religional mediapath, | | | | |
| 1al | 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 instrs) | | | | |
| bl | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | | |
| | check here 🕨 🗓 and enter 1% of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | |
| | Towards section 511 (demostic section 4947(a)/1) trusts and tayable | | | | |
| | 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-) 4 | - | | | - |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | - | | | 0. |
| | Credits/Payments: | | | | |
| а | 2015 estimated tax pmts and 2014 overpayment credited to 2015 | | | | |
| b | Exempt foreign organizations — tax withheld at source | 2.36 | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6 c 0 . | | | | |
| d | Backup withholding erroneously withheld | | | | 0 |
| 7 | Total credits and payments. Add lines 6a through 6d | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | - | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | - | | | 0. |
| 11 | Enter the amount of line 10 to be: Credited to 2016 estimated tax | | | | |
| Par | t VII-A Statements Regarding Activities | | 1. | | |
| 1 a | 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? | | 1 a | Yes | No X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | | 1 b | | X |
| | 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. | | | | |
| | Did the foundation file Form 1120-POL for this year? | | 1 c | | Х |
| c | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation S (2) On foundation managers | | | | |
| 6 | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | | |
| | foundation managers * \$ | | 2 | | X |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | - | | ^ |
| | 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 | | 3 | | Х |
| 1200 | of incorporation, or bylaws, or other similar instruments? If '75, attach a conformed copy of the changes | | 4 a | | X |
| 4 : | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4 b | | 1 |
| _ | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | 5 | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 1 |
| | If 'Yes,' attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| 6 | | | | | |
| | 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? | | 6 | X | |
| _ | The state of the s | | 7 | X | 1 |
| 7 | a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| 8 | | | | | |
| | See States Registered In | | | | |
| | b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | 8 b | X | - |
| 9 | for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | | 9 | | × |
| | a send of the development of the Section their names | 1 | | | |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 1 | 10 | X | |

| Forn | m 990-PF (2015) Foundation For Peripheral Neuropathy 26-11952 | 48 | F | Page 5 |
|------|---|---------|--------|--------|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | . 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 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | . 13 | X | 1 |
| | Website address www.foundationforph.org | | | |
| 14 | The books are in care of Scott L Hirsch Telephone no. (847) Located at 485 Half Day Road Buffalo Grove IL ZIP+4 60089 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | _883 | -970 |)0 |
| 15 | and enter the amount of tax-exempt interest received or accrued during the year | | . • | |
| 16 | | | Yes | No |
| 10 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | . 16 | 165 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | 1000 | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| 4. | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | 1000 | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly): (1) Energy in the call or carbon part of the call of the | V | 1000 | 100% |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | - | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). | | | |
| b | olf 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 | | x |
| | Organizations relying on a current notice regarding disaster assistance check here | 200 | s Bla | 1000 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? | . 1 c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$): | | | |
| | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| | If 'Yes,' list the years ▶ 20, 20, 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.) | . 2b | | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2.0 | | |
| | ▶ 20 , 20 , 20 | | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| | If 'Yes,' did it have excess business holdings in 2015 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 2015.) | 3 b | | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could | -4 d | | X |
| | jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 46 | 1 | X |
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| orm 990-PF (2015) Foundation For Peri | nheral Neuropat | thv | 26-1195 | 248 | Page 6 |
|---|---|--|--|-------------------------------------|--|
| art VII-B Statements Regarding Activitie | s for Which Form | 4720 May Be Regu | ired (continued) | | |
| 5 a During the year did the foundation pay or incur any | amount to: | and the second s | | | |
| (1) Carry on propaganda, or otherwise attempt to | influence legislation (sec | tion 4945(e))? | Yes X | 0 | |
| (2) Influence the outcome of any specific public el on, directly or indirectly, any voter registration | ection (see section 4955) |): or to carry | Yes X N | 0 | |
| (3) Provide a grant to an individual for travel, stud | y, or other similar purpos | es? | Yes X N | 0 | |
| (4) Provide a grant to an organization other than a in section 4945(d)(4)(A)? (see instructions). | a charitable, etc, organiza | ation described | Yes X | 0 | |
| (5) Provide for any purpose other than religious, educational purposes, or for the prevention of | crueity to children or anii | mais: | Yes X | 0 | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the transfer described in Regulations section 53.4945 or in a case instructions)? | | | | 5 b | |
| Organizations relying on a current notice regarding | g disaster assistance che | eck here | | | |
| c If the answer is 'Yes' to question 5a(4), does the f tax because it maintained expenditure responsibil | ity for the grant? | | Yes | 10 | |
| If 'Yes,' attach the statement required by Regulati | ons section 53.4945-5(d) | , | | | |
| 6 a Did the foundation, during the year, receive any for on a personal benefit contract? | | | Yes X | | |
| b Did the foundation, during the year, pay premium | s, directly or indirectly, or | a personal benefit contr | ract? | 6 b | X |
| If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the foundation | on a party to a prohibited | tax shelter transaction? | Yes X | No | XIV |
| b If 'Yes,' did the foundation receive any proceeds | or have any net income a | ttributable to the transac | | | |
| | rectors Trustees | Foundation Manag | ers. Highly Paid E | mployees | 5, |
| and Contractors | | | | | |
| 1 List all officers, directors, trustees, foundation | n managers and their co | | (d)Contributions to | (e) Expense | account |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c)Compensation (If not paid, enter -0-) | employee benefit plans and deferred compensation | | lowances |
| Jack Miller 485 Half Day Road | Chairman | 0 | 0. | | 0. |
| Buffalo Grove IL 60089 | 1.00 | 0. | V. | man company of the other section of | · · · |
| Goldie Wolfe Miller | | | | | |
| 485 Half Day Road Buffalo Grove IL 60089 | Director 1.00 | 0. | 0. | | 0. |
| Ed Tomezsko, PHD | | | | | |
| 604 S. Washington Square # 1317 | Director | 0. | 0. | | 0. |
| Philadelphia PA 19106 See Information about Officers, Directors, Trustees, Etc. | | | | | The second secon |
| | | 157,694. | 0. | | 0. |
| 2 Compensation of five highest-paid employe | es (other than those inc | cluded on line 1 – see i | nstructions). If none, e | nter '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) Expens | se account, allowances |
| None | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| | - | | | | |
| | | | | - | Annual Control of the |
| | - | | | | |
| | | | The state of the s | | |
| | - | | | | |
| Total number of other employees paid over \$50,000 | | | | - | Non |
| RAA | TEEA0306 1 | | | Form 99 | 90-PF (2015 |

| Par | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | 95248 Page 7 Employees, |
|------------------|--|----------------------------|
| 3 | Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' | |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| Non | | |
| | | |
| | | |
| | 50 cm | |
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| ************* | | |
| Total | number of others receiving over \$50,000 for professional services | None |
| Part | t IX-A Summary of Direct Charitable Activities | |
| List the organiz | foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 | The Foundation for Peripheral Neuropathy provided grants to | |
| | advance the study of peripheral neuropathy for creating a research | |
| | registry. See Part XV for list of participants. | 261,550. |
| 2 | | |
| | | |
| , | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part | IX-B Summary of Program-Related Investments (see instructions) | |
| Descr | ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 | y is a series of the series of | Amount |
| | 100 to 10 | |
| | | |
| 2 | | |
| | | |
| All oth | her program-related investments. See instructions. | |
| 3 | | |
| | | |
| | | |
| Total. | Add lines 1 through 3 | |
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| | 26-119524 | 18 Page 8 |
|--|--------------------------|------------------|
| n 990-PF (2015) Foundation For Peripheral Neuropathy rt X Minimum Investment Return (All domestic foundations must complete the | nis part. Foreign founda | ations, |
| see instructions.) | | |
| Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purpose | es: | |
| a Average monthly fair market value of securities | | |
| h Average of monthly cash balances | 1b | |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | | |
| Acquisition indebtedness applicable to line 1 assets | 2 | ^ |
| Subtract line 2 from line 1d | 3 | 0. |
| 2 to be and held for aboritable policities. Epter 1-1/2% of line 3 | | 0. |
| (for another amount enginetractions) | | 0. |
| Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line | 6 4 6 | 0. |
| Minimum investment return. Enter 5% of line 5 | | |
| art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) pri and certain foreign organizations check here | e this part.) | |
| 5 5 4V 5-6 | | 0. |
| A Tax on investment income for 2015 from Part VI, line 5 | 0. | |
| b Income tax for 2015. (This does not include the tax from Part VI.) | | |
| b Income tax for 2015. (This does not include the tax from Part VI.) | 2 c | 0. |
| Cultimat line 2e from line 1 | 3 | 0. |
| the first distributions | 4 | |
| | 5 | 0. |
| | 6 | *** |
| " | | 0 . |
| | | |
| art XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes: | | |
| a Evnences contributions offis etc - total from Part I, column (u), into 40 | 1a | 1,012,542 |
| 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, purpose | oses 2 | |
| | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | , 3 b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XII | II, line 4 4 | 1,012,542 |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inco | ome | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,012,542 |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula qualifies for the section 4940(e) reduction of tax in those years. | | 1 |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|---------------------------|--|--|------------------------------|
| 1 Distributable amount for 2015 from Part XI, | | | | |
| 2 Undistributed income, if any, as of the end of 2015: | | | | 0. |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: 20 , 20 , 20 | | 103 | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 875, 352. | | | | |
| b From 2011 953,678. | | | | |
| c From 2012 1,093,268. | | | | |
| d From 2013 943, 817. | | | | |
| e From 2014 | | | | |
| f Total of lines 3a through e | 4,926,365. | | | SERVICE PROPERTY. |
| XII, line 4: ► \$1,012,542. | | | | |
| a Applied to 2014, but not more than line 2a | | | | |
| | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2015 distributable amount | (1.50.1649)(yparis)(1.50) | | | |
| e Remaining amount distributed out of corpus | 1,012,542. | CONTRACTOR AND A CONTRACTOR | The contract of the second | officeres and anticides |
| 5 Excess distributions carryover applied to 2015 | | NEW THE PROPERTY OF THE PARTY O | MANAGEMENT AND | E LOSSO DE TOUR CONCERNATION |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| (5), | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | 副第2回数据 第3回 | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 5,938,907. | 21.57.152.132.132.132.132.132.132.132.132.132.13 | TO BE THE CAR VENEZIE OF | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed | | 0. | The comment of | 19474034.0154.001401614 |
| income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | |
| tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount – see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line 4a from | | | | |
| line 2a. Taxable amount — see instructions | 07-12-12-12-13-1 | | 0. | |
| f Undistributed income for 2015. Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be distributed in 2016 | | | | 0 |
| 7 Amounts treated as distributions out of | | THE CONTRACTOR OF THE PARTY OF | CHORD Server John Ro | 0. |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election | - 1 | | | |
| may be required — see instructions) | | | | |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2016. | 875,352. | | | |
| Subtract lines 7 and 8 from line 6a | 5,063,555. | | | |
| 10 Analysis of line 9: | | | SOLA MAKE T | |
| a Excess from 2011 953, 678. | | | | |
| b Excess from 2012 1,093,268. | | | | |
| c Excess from 2013 943, 817. | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 1,012,542. | | - 1 | F THE WAS AS A 22 | Form 990-PF (2015) |

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Form 990-PF (2015)

| orm 990-PF (2015) Foundation For Pe | ripheral Neu | aropathy | /II-A. auestion 9) | 26-1195248 | N/A |
|---|--|---|--|-------------------------|--|
| Part XIV Private Operating Foundation 1 a If the foundation has received a ruling or determined to the rule of | mination letter that | it is a private operat | ing foundation, and th | ne ruling | |
| is effective for 2015, enter the date of the rulin b Check box to indicate whether the foundation | g | | | 4942(j)(3) or | 4942(j)(5) |
| | | Ing touridation descri | Prior 3 years | 0/1 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | 4.1.2014 | (c) 2013 | (d) 2012 | (e) Total |
| investment return from Part X for each year listed | (a) 2015 | (b) 2014 | (6) 2013 | (0) 20 / 2 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | was all to delicate a contract of the contract |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | 1 |
| Part XV Supplementary Information | (Complete thi | s part only if th | e foundation ha | d \$5,000 or moi | re in |
| assets at any time during the 1 Information Regarding Foundation Mana | ne year – see i | instructions.) | | | |
| a List any managers of the foundation who ha close of any tax year (but only if they have o | ve contributed mor | e than 2% of the tota an \$5,000). (See sec | al contributions receiv ction 507(d)(2).) | ed by the foundation | before the |
| b List any managers of the foundation who ov a partnership or other entity) of which the fo | vn 10% or more of toundation has a 10% | the stock of a corpor % or greater interest. | ation (or an equally la | arge portion of the ov | vnership of |
| 2 Information Regarding Contribution, Gra Check here X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. | nakes contributions gifts, grants, etc (s | to preselected chari ee instructions) to in | table organizations at dividuals or organizat | ions under other cor | insolicited aditions, |
| a The name, address, and telephone number | or e-maii address | or the person to who | ин аррисацона эпоци | | |
| b The form in which applications should be s | ubmitted and inform | nation and materials | they should include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards, s | uch as by geograph | nical areas, charitabl | e fields, kinds of insti | tutions, or other facto | ors: |
| | etues a route sold a constitution of the sold and the sol | TEEA0310 10/13/15 | | | Form 990-PF (2015 |

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If reciplent is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
|---|--|----------------------|----------------------------------|---------|
| Name and address (home or business) | substantial contributor | recipient | contribution | |
| a Paid during the year | | | | |
| Northwestern University | | | | |
| 750 N. Lake Shore Drive | | | | |
| Chicago IL 60611 | | No | Research | 54,95 |
| Mount Sinai MC | | | | |
| One Gustave Levy Pl | | | | |
| New York NY 10029 | | NO | Research | 57,90 |
| Johns Hopkins University 855 N. Wolfe St | | | | |
| Baltimore MD 21205 | | | | |
| Harvard Beth Israel | | NO | Research | 118,65 |
| 330 Brokline Ave, BR 259 | | | | |
| Boston MA 02215 | | NO | Research | 30,050 |
| | | | Nessear Cir | 30,030 |
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| Total | | | 3a | 261,550 |
| b Approved for future payment | | | | |
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| rt XVI-A Analysis of Income-Producing A | Unrelated I | business income | Excluded b | y section 512, 513, or 514 | (e) |
|--|-------------------------|--|-------------------------------|----------------------------|---|
| er gross amounts unless otherwise indicated. | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions.) |
| Program service revenue: | | | Code | | |
| ab | | | | | |
| c | | | | | |
| d | | Andrewskin (Mile control delphi suffer e fi a reserve) . An anne e | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | | | | |
| the date and accessments | | | | 12 | |
| 2 Interest on savings and temporary cash investments | | | 14 | ple Ser | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | 200 | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory | | | | | |
| | GREEN ST | STRUCK STRUCK | | | |
| 11 Other revenue: | | | | | |
| a b | | | | | |
| b | | | | | |
| | | | | | |
| c d | | | | | |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations (b) and (c) | ns.) | plishment of Ex | cempt Pu | rposes | |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the columns of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to verify | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations to the content of the columns (b). | ns.) | plishment of Ex | cempt Pu | rposes | 3 |

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Page 13

| | Exempt Organia | zations | orono no una manda | otions | and relations | mps with wonth | intable | | |
|-----------|--|--------------------------|--|-----------------------|---|---|------------------------|----------|------|
| describ | ied in section 501(c) of | the Code (other t | e in any of the following withan section 501(c)(3) orga | ith any o | ther organization s) or in section 527 | | | Yes | No |
| relating | to political organizatio | ons? | | | | | | | |
| | | | ncharitable exempt organiz | | | | | | |
| 1002 | sh | | | | | | 1 a (1) | | Х |
| | ner assets | | * * * * * * * * * * * * * * | | | | 1 a (2) | | Х |
| | ransactions: | | | | | | | | |
| (1) Sal | les of assets to a noncl | haritable exempt | organization | | | | 1 b (1) | | Х |
| | | | exempt organization | | | | 1 b (2) | | X |
| | | | ets | | | | 1 b (3) | | Х |
| | | | | | | | 1 b (4) | | Χ |
| | | | | | | | 1 b (5) | | Х |
| | | | fundraising solicitations. | | | | 1 b (6) | | X |
| c Sharing | of facilities, equipmen | it, mailing lists, oth | her assets, or paid employ | ees | | | 1c | | X |
| 116 000 | us, other assets, or sei | angement, show in | lete the following schedule e reporting foundation. If th n column (d) the value of the oncharitable exempt organization | ne founda he goods | ation received less s, other assets, or s | than fair market value i | n | jements | |
| | , | | | | | | | | |
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| describe | undation directly or ind ed in section 501(c) of t complete the following | the Code (other th | ith, or related to, one or monan section 501(c)(3)) or in | ore tax-e section | xempt organization 527? | ns | . Yes | XN | ٧o |
| |) Name of organization | | (b) Type of organizat | ion | | (c) Description of relation | onship | | |
| | | | | | | | | | |
| | | | | | | | ~ | | |
| | | | | | | 2 | | | |
| | of Participation of the Control of t | | A CONTRACTOR OF THE CONTRACTOR | | | | | | |
| | | | A CONTRACTOR OF THE PARTY OF TH | | | | | - | - |
| Under p | penalties of perjury, I declare the | nat I have examined this | s return, including accompanying so spayer) is based on all information of | hedules ar | nd statements, and to the | best of my knowledge and beli | ef, it is true, | | |
| Sign | and complete. Declaration of | preparer (other than tax | kpayer) is based on all information (|)! which pre | parer has any knowledge | | | 6 11 | |
| Here T | 1000 | | Ĩ. | | > | | May the IR this return | with the | |
| 1 1 | 1000 | | 05/31/1 | 6 | President | | (see instruc | | DW - |
| Signa | ature of officer or truslee | | Date | | Title | | | res | No |
| | Print/Type preparer's name | | Preparer's signature | | Date 5/2-/2-1 | Check if | PTIN | | |
| Paid | Constant Wats | son III | In the | 2= | 11276-1 | self-employed | P012316 | 609 | |
| reparer | 1 | onstant W W | | | | Firm's EIN ► 26-44 | 14561 | | |
| Jse Only | Firm's address 10 | 624 Govern | ors Hwy | | | | | | |
| | F1 | Lossmoor | | IL | 60422 | Phone no. (708) | 206-9 | 900 | |
| BAA | | | | | | | Form 990- | -PF (20 |)15) |
| | | | | | | | | | 75 |