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form 990-PF

Department of the Treasunt of the Treasunt Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

2008

For	cale	ndar year 2008, or tax year beginning JUI	1, 2008	, and ending	JUN 30, 200	9			
G	Chec	k all that apply Initial return	Final return	Amended return	Address change	Name change			
Use	the	IRS Name of foundation				A Employer identification number			
	labe	ı.				_			
Oti	1erw	~~/			36-4264521				
	prin	·	elivered to street address)	Room/suite	B Telephone number				
	r typ	18. 496 PHILLIPS AVENUE			ļ				
		ione City of town, state, and ZIP code	_		C if exemption application is				
		GLEN ELLYN, IL 60137			D 1. Foreign organization	ns, check here >			
H (k type of organization: X Section 501(c)(3) e			Foreign organizations recheck here and attach in	computation			
			Other taxable private found		E If private foundation st	tatus was terminated			
		narket value of all assets at end of year J Account	•	Accrual	under section 507(b)(1)(A), check here			
•			ther (specify)	h (n)	F If the foundation is in				
	\$	18,582. (Part I, colu Analysis of Revenue and Expenses		T T	under section 507(b)(
	r t	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes			
	_		17,994.	****	M/A	(cash basis only)			
	1	Contributions, gifts, grants, etc., received		ļ	1				
	2	Check Interest on savings and temporary cash investments	1.	1	<u> </u>	STATEMENT 2			
	3		223.	223.	<u>'</u>	CHAGRICAT 2			
	4	Dividends and interest from securities.	223.	223.	<u>' </u>	DIMIDRAMING			
	-	Gross rents	38 68 52 78	We as the second	* A.V. A.V. A.V. A.V.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	_	Net rental income or (loss)	<5,083.	1	 	STATEMENT 1			
Ę	01	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all Gross tales or line 8e 41,409.	13,003.						
Revenue	7	- assets (1) 1116 (d	**************************************	0.	100000000000000000000000000000000000000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
æ	9	Net short-term canital gain	*	7 7 7 7		· · · · · · · · · · · · · · · · · · ·			
	g	Income modifications	2						
	1	Gross sales less returns		2.2.5	13.84 T. 1				
R	Eς	Less Cost of goods sold .		**************************************					
		Gross profit or (1095)		V		7,			
NA A	N RI	ெரில் இருந்தி	-						
1411	12	Total. Add lines Chrough 11	13,135.	224.					
	13.	Compensation of officers, directors, trustees, etc	0.	0.		0.			
00	34	Compensation of officers, directors, trustees, etc							
	15	Pension plans, employee benefits							
Expenses	162	Legal fees	2,447.	184.		0.			
5	I -	Accounting fees			<u> </u>				
		Other professional fees			<u> </u>				
ž.	17	Interest			 	 			
ig.	18	Taxes STMT 5	85.	15.	ļ	0.			
I.IU · Administrative	19	Depreciation and depletion							
<u>ج</u> ج	20	Occupancy				 			
70 Pu	21	Travel, conferences, and meetings							
~ E	22	Printing and publications	25.	75	<u> </u>	+			
~ E	23	Other expenses STMT 6	23.	25.		0.			
MAK 2 3 Operating	24	Total operating and administrative	2 557	224					
MAK 2 3 Operating a	0-	expenses. Add lines 13 through 23	2,557. 25,350.	224.	 	25,350.			
	25	Contributions, gifts, grants paid	25,350.	<u> </u>	<u> </u>	45,350.			
SCANNED	26	Total expenses and disbursements.	27,907.	224.	}	25,350.			
Z —	27	Add lines 24 and 25 Subtract line 26 from line 12:	27,307.	424.	,	23,330.			
3	27		<14,772.						
3		Excess of revenue over expenses and disbursements	<u> </u>	0.	4	H			
Ĭ?		Nat investment income (if negative, enter -0-)	······	U •	N/A	 			
	6	Adjusted net income (if negative, enter -0-)		<u> </u>	I IV/A	5 000 DE (0000)			

	Part # Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year		End of year			
	arı	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	2,085.	2,004.	2,004.			
	2	Savings and temporary cash investments						
	3	Accounts receivable	7.5. 43 5/5.9/2.5)			
		Less: allowance for doubtful accounts	1,010.					
	4	Pledges receivable	M. 4.2 . 5 . 4	siin eyn 🕟 👈	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
		Less: allowance for doubtful accounts						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable	7	*				
	1	Less allowance for doubtful accounts	,					
w	8	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·				
Assets	9	Prepaid expenses and deferred charges						
ä	1	investments - U.S. and state government obligations						
	1		29 055	16,323.	16,578.			
		·	29,033.	10,323.	10,370.			
	1	Investments - corporate bonds	2 7 7 7	<u>, 74 7 77 4</u>	N. N. M.			
	וון	Investments - land, buildings, and equipment basis			· · ·			
		Less accumulated depreciation		·				
	12	Investments - mortgage loans						
	13	Investments - other			 			
	14	Land, buildings, and equipment: basis		/ . * / · · · · · · · · · · · · · · · · · ·				
	ł	Less. accumulated depreciation						
	15	Other assets (describe STATEMENT 8)	949.	0.	0.			
		;						
	16_	Total assets (to be completed by all filers)	33,099.	18,327.	18,582.			
	17	Accounts payable and accrued expenses			(9)			
	18	Grants payable			l Sagar			
Ģ	19	Deferred revenue						
abilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ğ	21	Mortgages and other notes payable						
Ť		Other liabilities (describe		·	han, self mark t			
			·					
	28	Total liabilities (add lines 17 through 22)	0.	0.	1 4 2 3 4 3 m m m			
	20	Foundations that follow SFAS 117, check here						
	j	· · · · · · · · · · · · · · · · · · ·						
8		and complete lines 24 through 26 and lines 30 and 31. Unrestricted						
Š	-7							
<u>8</u>	25	Temporarily restricted						
Fund Balanc	26	Permanently restricted						
Š		Foundations that do not follow SFAS 117, check here						
×	l	and complete lines 27 through 31.						
Net Assets or	27	Capital stock, trust principal, or current funds	0.	0.	Mary San			
8	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.				
ž	29	Retained earnings, accumulated income, endowment, or other funds.	33,099.	18,327.	7 . W			
Ž	30	Total net assets or fund balances	33,099.	18,327.				
	l							
	31	Total liabilities and net assets/fund balances	33,099.	18,327.	<u>;</u> ; ·			
ri	art							
l		net assets or fund balances at beginning of year - Part II, column (a), line	30					
		t agree with end-of-year figure reported on prior year's return)		<u>1</u>	33,099.			
2	Enter	amount from Part I, line 27a	÷	. 2	<14,772.>			
3	Other	r increases not included in line 2 (itemize)	•	3	0.			
,	Add I	ines 1, 2, and 3		4	18,327.			
5		eases not included in line 2 (itemize)		5	0.			
5		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	18,327.			
_		Turning and All Land and All La	1911 1919 99		Form 990-PF (2008)			
					· ····· • • • · · · · · · · · · · · · ·			

(a) List and descrit	nd Losses for Tax on I	g., real estate,) How acquired P - Purchase	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
	chouse, or common stock, 200 st	IS MILU GO.)		D - Donation	(1110 , 029, 91.)	(1110 , day, y1.)
1a PUBLICLY-TRADED	SECURITIES					
c						
d						
8						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (lo (e) plus (f) minu	
a 41,409.			46,492	•		<5,083.
b		ļ				
C		ļ				
đ				 		
Complete only for assets showing	agin in polyme (h) and award by	the foundation	n 12/21/60) Onion (Onl. (b.) and	
Complete only for assets snowing		T) Gains (Col. (h) ga . (k), but not less ti	
(i) F.M V as of 12/31/69			Losses (from co	l. (h))		
1				 		<5,083.
<u>b</u>						
<u>c</u>						
<u>d</u>		 		 		
	<u> </u>	<u> </u>		 		
2 Capital gain net income or (net cap	ital loss) { If gain, also enter -			2		<5,083.
3 Net short-term capital gain or (loss		ind (6):)	.		
If gain, also enter in Part I, line 8, co	olumn (c).		į) <u> </u>	N/	λ
If (loss), enter -0- in Part I, line 8 Part V. Qualification Un	der Section 4940(e) fo	r Reduced	Tay on Net In	yestment Inc		A
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify	n 4942 tax on the distributable ar		· · · · · · · · · · · · · · · · · · ·	ı?		Yes X No
1 Enter the appropriate amount in ea						
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions		c) nantable-use assets	Dist (col. (b) o	(d) ribution ratio divided by col (c))
2007	2	20,069.		48,304	• <u> </u>	.415473
2006		22,260.		58,611		.379792
2005		12,839.		71,247		.180204
2004		3,057.		71,836		.042555
2003		2,000.		72,567	•	.027561
2 Total of line 1, column (d)	· ····				2	1.045585
3 Average distribution ratio for the 5-the foundation has been in existence		•	or by the number of y	years 	3	.209117
Enter the net value of noncharitable	-use assets for 2008 from Part X,	line 5			4	16,059.
i Multiply line 4 by line 3					5	3,358.
5 Enter 1% of net investment income				•		
	(170 OI FAIL I, IIIIE 27D)	-			6	0.
7 Add lines 5 and 6				•	7	3,358.
B Enter qualifying distributions from P	art XII, line 4				8	25,350.
If line 8 is equal to or greater than lii See the Part VI instructions	ne 7, check the box in Part VI, line	1b, and compl	lete that part using a	1% tax rate.		

10

X

year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV ...

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	1880-17 (2000) THE O MALDET FOUNDATION SU-420	<u> </u>
P	art 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 acquire a direct or indirect interest in any applicable insurance contract before	
	August 17, 2008?	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X
	Website address ▶ N/A	
14	A CUDICHODURD OVALLED	
• •		60137
15		▶□
	and enter the amount of tax-exempt interest received or accrued during the year	N/A
PE	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	
تستيا	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes No
1 a	During the year did the foundation (either directly or indirectly)	1.63 1.60
10		
		* 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?	
	(4) Pay compensation to, or pay or reimburse the expenses of, 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.)	
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b
	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	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	before the first day of the tax year beginning in 2008?	16 X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
	defined in section 4942(j)(3) or 4942(j)(5)).	
2	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	
	before 2008?	
	If "Yes," list the years ▶	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	
	statement - see instructions.)	2b
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	9201
_	•	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
	during the year?	
h	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after	
J	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	1774/7
	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,	
	!-	25
4-		3b X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48 X
u	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 2008?	4b X

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

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
	_	
	\dashv	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc	Expenses
1 NONE		
		0.
2		_
		
3		
A		
4		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 NONE		
		_
		0.
2		
All other program-related investments See instructions.	+	
3 NONE		
Total Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	13,424. 2,880.
b	Average of monthly cash balances	1b	<u>2,880.</u>
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	14	16,304.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	16,304.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	245.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,059.
6	Minimum investment return. Enter 5% of line 5	8	803.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	803.
2a	Tax on investment income for 2008 from Part VI, line 5	N. W.	
b	Income tax for 2008. (This does not include the tax from Part VI)]. ;; <u>;</u> ;]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	803.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	803.
6	Deduction from distributable amount (see instructions)	8	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	803.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
'_		4-	25,350.
a .	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	23,330.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1b 2	
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	25,350.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
	income. Enter 1% of Part I, line 27b	5	25,350.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualines for the	SECTION
	יסידטקטן וטעמטנוטוו טו נמא ווו נווטסט זיסמוס.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,	/ mm ; \$1500	3 c. water	2007	2000
line 7	1.00 March 1999		Sign of the state of	803.
2 Undistributed income, if any, as of the end of 2007	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	\$ 1		
a Enter amount for 2007 only	Programme in the second		0.	
b Total for prior years	Con.		7 . (, , , , , , , ,	
		0.		
3 Excess distributions carryover, if any, to 2008:	e y nam û enkam wike g e. E 2	C (1/2)		1 / 1. 30g A. 100g
a From 2003				
b From 2004 .				
c From 2005 8,721.	ar frainni sasa		Tradition with the	1 % "
d From 2006 22,300.			* .	
e From 2007 20,139.		J. (, , , , ,	* *
f Total of lines 3a through e	51,160.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
4 Qualifying distributions for 2008 from			ka yan ya	
Part XII, line 4: \triangleright \$ 25,350.	S. Browner	n has		
a Applied to 2007, but not more than line 2a			<u>,0.</u>	
b Applied to undistributed income of prior		0	N. B. W. W.	Market Street
years (Election required - see instructions)	<u> </u>	0.		
c Treated as distributions out of corpus	25,350.	mark i lilia i si		
(Election required - see instructions)	23,330.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
d Applied to 2008 distributable amount	0.			0.
Remaining amount distributed out of corpus Excess distributions carryover applied to 2008	803.		**************************************	803.
(If an amount appears in column (d), the same amount	(C) (A) (A) (A) (A)			803.
must be shown in column (a)) 6 Enter the net total of each column as		Burg Shire Valend	Y y zy z Pamin may	
indicated below:				
2 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	75,707.			
b Prior years' undistributed income Subtract		<u> </u>		
line 4b from line 2b		0.		
c Enter the amount of prior years'			.577	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions	<u> </u>	0.	(10.7%)	
e Undistributed income for 2007. Subtract line		1 Solly Jumes of the thin		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract	8 2 2 7 6 3			
lines 4d and 5 from line 1. This amount must be distributed in 2009	ad retain i	34 / 111 / 111	Sur in gramme it is	^
7 Amounts treated as distributions out of	3			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		A symm	um a g france
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.	漢一光為引得		
9 Excess distributions carryover to 2009.		(A		
Subtract lines 7 and 8 from line 6a	75,707.			
10 Analysis of line 9:				N. N. P. C.
a Excess from 2004				
b Excess from 2005 7,918.				Mr. A. San
c Excess from 2006 22,300.		. Try y Sign 1	nn (" in)	
d Excess from 2007 20,139.		5 N. S. C. (1888)		
8 Excess from 2008 25, 350.	3.1	<u> </u>	<u> </u>	A West

36-4264521

			36-4264	521 Page 11
Part XV Supplementary Information				
		Payment		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Paid During the Year or Approved for Future Peyment Paid During the Year or Approved for Future Peyment			
a Paid during the year				
ST. JOHN CANTIUS CATHOLIC CHURCH, 825 N. CARPENTER ST., CHICAGO, IL 60622-54	N/A	CHURCH	DONATION	21,350.
WILL OLSON, 4400 SHADY LANE, MINNETRISTA, MN 55364	NONE	AT / A	ATTEND GRINNEL	2 000
55364	NONE	N/A	COLLEGE IN IOWA	2,000.
JESSICA SKELTON, 3706 LIVINGSTON AVE., ORONO, MI			ATTEND ST.	
55391	NONE	1	THOMAS COLLEGE	2,000.
		<u> </u>		25 250
Total		<u></u>		25,350.
JOSEPH O'NEIL, 4560 WEST ARM RD, SPRING PARK, MN 55384			ATTEND	
	NONE			2,000.
Total	L	<u> </u>	> 3b	2,000.
22011 01 02 00			🔽 30 📗	2,000.

Part XVI-A	Analysis	of Income-Producing	Activities

nter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(8)
	(a) Business	(b) Amount	Exclu- sion code	(d)	Related or exempt function income
1 Program service revenue	code	AHIOUIIL	code	Amount	TURCTOR RECORDS
b					
C			-1 - 1		
d					
8					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash				_	
investments			14	1.	
Dividends and interest from securities	ļ		14	223.	
Net rental income or (loss) from real estate		3 1 1 1	4-1-		,
a Debt-financed property	-		_		
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			+++		
Gain or (loss) from sales of assets other than inventory					<5,083
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<u> </u>				-
Other revenue:	1				
a			\bot		
b	-				····
E					
d					
6	. ** 5× 13 ·		1	224.	<5,083
! Subtotal Add columns (b), (d), and (e)			• [· // // *]	10	4 050
See worksheet in line 13 instructions to verify calculations)			• • • • •	13	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
					
Part XVI-B Relationship of Activities t	o the Accor	nplishment of I	Exempt F	Purposes	
ine No. Explain below how each activity for which income			-A contribute	d importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than	by providing fund	s for such purposes)			
N/A					

	the foundation's exempt purposes (other than by providing funds for such purposes)	
N/	A	
+		
-		
-		
ľ		
_		
1		
- I		

Par	Information Regarding Transference Exempt Organizations	s To and Transactions an	nd Relationships With Nonchar	itable		
1 [Did the organization directly or indirectly engage in any of the	following with any other organization	described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in se				. , .	
	Transfers from the reporting foundation to a noncharitable ex					
	(1) Cash			1a(1)		X
	(2) Other assets			1a(2)		X
	Other transactions:					
	(1) Sales of assets to a noncharitable exempt organization			16(1)		X
ì	(2) Purchases of assets from a noncharitable exempt organize	ration		1b(2)		X
ì	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1.b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
•	(6) Performance of services or membership or fundraising s			1b(6)		X
•	Sharing of facilities, equipment, mailing lists, other assets, or			10		X
	If the answer to any of the above is "Yes," complete the following		avs show the fair market value of the goods of		ets	
	or services given by the reporting foundation. If the foundation	•	-		,,,,	
	column (d) the value of the goods, other assets, or services re		in any transaction or ollaring arrangement, e.			
(a) Line		naritable exempt organization	(d) Description of transfers, transactions, and s	hering er	man name	
(W) Lill		V/A	(wy obscription or transfers, transactions, and s	ilarii iy aii	a gent	
		(/ A				
					——	
					——	
_			<u> </u>			
2a	s the foundation directly or indirectly affiliated with, or related	to, one or more tax-exempt organiza	tions described			
_	n section 501(c) of the Code (other than section 501(c)(3)) o	• •		Yes	X	No
	if "Yes," complete the following schedule.			103		J 140
	(a) Name of organization	(b) Type of organization	(c) Description of relationsh	ip		
	N/A			<u> </u>		
						
						
Lie	nder peralities of penjury, I declere that I bake examined this return, include	ing accompanying schedules and statemen	nts, and to the best of my knowledge and belief, it is tr			
	nd comprese Declaration of preparer (afther than texpayer or fiduciary) is t			20, 00110	. ,	
		م المادا				
ا اع	Cinculate officer or function	13/1/10	- D		—	
₹ _	Signature of officer or trustee	Date	Title			
Sign Here	Preparer's	Dat		s identify	ing hum	Der
Sig	signature Firm's name (or yours HENRY M. GRANNAN 1 self-employed). 601 W. RANDOLPH,	2/	2-1/10 self- employed ▶ □			
œ.	Firm's name (or yours HENRY M. GRANNAN		EIN ►			
	if self-employed). 601 W. RANDOLPH,					
	address, and ZIP code CHICAGO, IL 6066	1	Phone no.			
			For	m 990	-PF	2008)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Name of the organization	n	Employer identification number
I	THE O'MALLEY FOUNDATION	36-4264521
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 private foundation	
	501(c)(3) taxable private foundation	
General Rule X For organizations	and a Special Rule. See instructions.) s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in aplete Parts I and II.	money or property) from any one
509(a)(1)/170(b)((c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support tes 1)(A)(vi), and received from any one contributor, during the year, a contribution of the 9990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I a	greater of (1) \$5,000 or (2) 2% of the
aggregate contri	I(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any butions or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.	_
some contributio \$1,000. (If this bo etc., purpose. Do	I (c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions ex is checked, enter here the total contributions that were received during the year for a not complete any of the parts unless the General Rule applies to this organization beloe, etc., contributions of \$5,000 or more during the year.)	did not aggregate to more than an exclusively religious, charitable,
they must answer "No" or	nat are not covered by the General Rule and/or the Special Rules do not file Schedule in Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-Ea the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	· · · · · · · · · · · · · · · · · · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	Page	1	of	1	of Part I
layer	identific	atlo	on nun	nbe	er

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1 of 1 of Part
Name of organization	Employer identification number
THE O'MALLEY FOUNDATION	36-4264521
Part : Contributors (see instructions)	

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTOPHER & LEMARIE O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CHRISTOPHER & LEMARIE O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137	<u> </u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CHRISTOPHER & LEMARIE O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II
Employer identification number

THE O'MALLEY FOUNDATION

36-4264521

ert II	Noncash Property (see instructions)	<u> </u>	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CGM FOCUS FUND 15.788 SHRS.		
}		\$\$	05/26/09
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	VANGUARD EMERGING MARKET 560 SHRS.	_	
		\$ 17,130.	05/26/09
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		 _ _ \$	

FORM 990-PF	G	AIN OR	(LOSS)	FROM S	ALE C	F A	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PR	ROPERTY	_					ANNER QUIRED	DA ACQU	TE IRED	DATE	SOLD
PUBLICLY-TRADED S	ECURIT	IES									
(B) GROSS SALES PR			C) F OR BASIS	EXPE	D) NSE C	F	(E) DEPRE			(F) OR LO	ss
41	,409.	_	46,492.			0.		0.		<5,	083.>
CAPITAL GAINS DIV	/IDENDS	FROM I	PART IV								0.
TOTAL TO FORM 990)-PF, P.	ART I,	LINE 6A					;		<5 , 	083.
TOTAL TO FORM 990 FORM 990-PF INTE		·=-			ARY C	ASH	INVEST	MENTS	<u> </u>	<5, TEMENT	2 2
FORM 990-PF INTE		·=-			ARY C	ASH	INVEST	MENTS	<u> </u>	TEMENT	
FORM 990-PF INTE	REST O	N SAVII	NGS AND	TEMPOR		ASH	INVEST	MENTS	<u> </u>	TEMENT	2
FORM 990-PF INTE	PF, P	N SAVIN	NGS AND	TEMPOR COLUM	N A					TEMENT	1.
FORM 990-PF INTE SOURCE SCHWAB TOTAL TO FORM 990 FORM 990-PF	PF, P	N SAVIN	LINE 3,	TEMPOR COLUM	N A FROM	SE		S	STA	TEMENT	1. 1. 3 A)
FORM 990-PF INTE SOURCE SCHWAB TOTAL TO FORM 990	PF, P	N SAVIN	LINE 3,	TEMPOR COLUM TEREST	N A FROM	SE C.	CURITIE APITAL	S	STA	TEMENT	1. 1. 3 A)

FORM 990-PF	LEGAL	FEES	· · · ·	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS				
HENRY GRANNAN, CHTD TAX RETURN PREP., TAX PLANNING			<u> </u>		
AND ACCOUNTING	2,447.	184.			0.
TO FM 990-PF, PG 1, LN 16A	2,447.	184.		=	0.
FORM 990-PF	TAX	ES	T TT	STATEMENT	5
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITAE	
STATE TAXES U.S. TAXES	15. 70.	15.			0.
TO FORM 990-PF, PG 1, LN 18	85.	15.			0.
TO FORM 990-PF, PG 1, LN 18	OTHER EX			STATEMENT	
TO FORM 990-PF, PG 1, LN 18 =		XPENSES (B) NET INVEST-	(C) ADJUSTED	(D) CHARITAB	6 BLE
-	OTHER EX	XPENSES (B) NET INVEST-	(C) ADJUSTED	(D) CHARITAB PURPOSE	6 BLE
TO FORM 990-PF, PG 1, LN 18 = FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITAB PURPOSE	S
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BROKERAGE FEES	OTHER EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME 25.	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	6BLE
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BROKERAGE FEES TO FORM 990-PF, PG 1, LN 23	OTHER EXPENSES PER BOOKS 25.	(B) NET INVEST- MENT INCOME 25. 25.	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	6 3LE 3.5 0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BROKERAGE FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF DESCRIPTION DREYFUS INTL STK INDEX FD DREYFUS SMALL CAP STK INDEX FS SCHWAB S&P 500 INDEX FD.	OTHER EXPENSES PER BOOKS 25. CORPORATE	(B) NET INVEST- MENT INCOME 25. 25.	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE STATEMENT FAIR MARKET VALUE	63LE
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BROKERAGE FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF DESCRIPTION DREYFUS INTL STK INDEX FD DREYFUS SMALL CAP STK INDEX F	OTHER EXPENSES PER BOOKS 25. CORPORATE	(B) NET INVEST- MENT INCOME 25. 25.	(C) ADJUSTED NET INCOME OK VALUE O. O.	(D) CHARITAB PURPOSE STATEMENT FAIR MARKET VALUE	6 0. 0. 0. 0.

FORM 990-PF	OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DUE FROM SALES OF SECURITIES	949.	0.	0.
TO FORM 990-PF, PART II, LINE 15	949.	0.	0.
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT 9
NAME OF CONTRIBUTOR	ADDRESS		
MR. & MRS. CHRISTOPHER O'MALLEY	496 PHILLIPS	AVE., GLEN ELLY	N, IL 60137
(THEY ARE SUBSTANTIAL CONTRIBUTOR BASED ON PRIOR YEARS CONTRIBUTION			

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

NAME OF MANAGER

LEMARIE O'MALLEY CHRISTOPHER T. O'MALLEY FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHRISTOPHER O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE FOR ATTENDANCE AT A 4 YR UNDERGRADUATE PROGRAM AT AN ACCREDITED COLLEGE OR UNIV., ON A FULL-TIME BASIS. CANDIDATES MUST BE A SENIOR AT MOUND WESTONKA H.S., OR HAVE RECEIVED THE SCHOLARSHIP THE PREVIOUS YR, HAVE A CUMULATIVE B AVG., PARTICIPATE IN EXTRACURRICULAR ACTIVITIES, BE IN FINANCIAL NEED, AND PREFERENCE WILL BE GIVEN TO STUDENTS STUDYING ART OR PSYCH.

The O'Malley Foundation 36-4264521 2008 Form 990-PF

Election Statement under Reg. Sec. 53.4942(a)-3(d)(2)

Taxpayer, the electing Foundation (EIN: 36-4264521) hereby elects under Reg. Sec. 53.4942(a)-3(d)(2) to designate \$20,350 of its 2008 qualifying distributions as allocated to corpus.

Date

Marie O'Malley Pre

THE O'MALLEY FOUNDATION

THE THOMAS AND PHYLLIS O'MALLEY SCHOLARSHIP

APPLICATION

(Please answer carefully and accurately)

	ECTION I: TO BE COMPLETED BY APPLICANT			Date of Application	
Applica	ation of	First Name		Middle Initial	
Home	address				
	Street	City	State	ZIP	
Date of	f Birth				
List you examp	ur career preferences in ord le: "Teacher of English," "Co	er of choice. Please be imputer Scientist," "Der	e as specific a: itist," etc.)	s you can; tor	
1	2.		3		
	GPA:				
	nic ranking within the senior	· class:			
hold an	panizations, clubs, teams, con ny positione such as preside esition also.	ommunity group, etc., on of student council, or	f which you are spo	e a member. If yours team, etc., list	
			· · · · · · · · · · · · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • • •				
	have any outstanding achie dramatics, athletics, etc.? E	evements, abilities or ta	lents in any pa	articular field such a	
	have any outstanding achie	evements, abilities or ta	lents in any pa	articular field such a	
	have any outstanding achie	evements, abilities or ta	lents in any pa	articular field such a	

9.	What honors, awards or other specificude both school and communit	cial recognit y recognition	ion have you received while in high s n.	school?
				·
10.	What interests do you have outside	e of school?		
1 1.		_		
	B. Have you been accepted? C. If not, when did you apply for accepted.		nd when do you expect to be accepte	ed?
	D. What will be your major field of	study?		
12.	A. Have you worked during high so	chool to sav	e for college? Yes or No	
	B. If yes, what amount have you sa	aved toward	college expenses?	
13.	Please give an estimate of your ex	penses and	income for the following school year	.
Γ	(College Fins	ncial Statement	
in	ome	Amount	B penses	Amount
E	timated Savings to Begin the Year	 	Estimated Tuition	
-	timated Income During the Year		Estimated Roomand Board	

Estimated Books and Supplies

Other

Total

Estimated Personal Living Expenses

Estimated Grants / Scholarships

Estimated Assistance from Family

Estimated College Loans

Other

Total





SECTION II: TO BE COMPLETED BY APPLICANT

Dote of Application

Please type or print a brief personal letter addressed to the O'Molloy Foundation Scholarship

• (Achievements and events in your life that have prepared you for college Challenges you will face in successfully completing college Aspirations from a personal and career perspective after completing college					
	1					
			•			
						
	 -					P
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-						·
						
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		-	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·					
						
			·			
		 -		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		~			
			· · · · · · · · · · · · · · · · · · ·			
						_

associated with	es or mentors. Pl you (that is, teach	er, coach or n	nentor).		
You may include	any letters of rec	commendation	that you deed	m appropriate.	
		٠			
		Signature o	of Applicant _		

SECTION III: TO BE COMPLETED BY PARENT OR GUARDIAN Date of Apple ion_____

In order to distribute awards in the most equitable manner, the applicant's need for financial aid must be evaluated. The committee needs this information to reach a fare decision and, therefore, please complete the information requested below as accurately and completely as possible. This information will be treated confidentially.

1.	Father (Guardian)
Ad	dress
Ç¢	cupation
2.	Mother (Guardian)
Ad	dress
Ο¢	cupation
3.	What was combined taxable income last year?
•	Please enclose a copy of your last two tax returns with copies of your form W-2. Again, this information will be treated confidentially and is only necessary to determine the applicant's financial need.
4.	Does either of you own a business? Yes or No
5.	What is your total net worth?
-	Please use the present fair market value of your assets less your liabilities.
6.	Give the name, ages and relationship of all persons living on above income:
•	
•	
•	
•	
•	
7. •	Of the above listed people, give the name off all persons that will be attending a post-secondary institution on at least one-half time basis.
•	

lease note any other fa ommittee in determinin	actors, which you fog the applicant's fir	ed, should be constancial need:	idered by the scholarship

Signature of Parent or Guardian

Jorm 8868 (Rev. Apřil 2009)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return.

-		▶ [X]						
	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi	s form).						
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form 8868.						
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A core	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete						
Part I		▶ □						
All oth	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	an extension of time						
to file	income tax returns.							
noted (not all you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication and strength of the file Form 890-BL, 6069, or 8870, group returns, or a composite or court submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronications and click on e-file for Charities & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T. Instead,						
Туре	Name of Exempt Organization	Employer identification number						
print	THE O'MALLEY FOUNDATION	36-4264521						
File by to due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.							
return S instructi	1 500							
Check	type of return to be filed (file a separate application for each return):							
_		1700						
=	= · · · · · · · · · · · · · · · · · · ·							
=		· ·						
_		-						
	Form 990-PF	3870						
	CHRISTOPHER O'MALLEY							
• The	books are in the care of > 496 PHILLIPS AVENUE - GLEN ELLYN, IL 6	0137						
	pphone No. ► FAX No. ►							
	e organization does not have an office or place of business in the United States, check this box	▶ □						
		his is for the whole group, check this						
	. If it is for part of the group, check this box. ▶ □ and attach a list with the names and EINs of all	I members the extension will cover						
	and attach a list with the harles and Enter the	The fibers the extension will cover.						
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ur FEBRUARY 15, 2010 , to file the exempt organization return for the organization named	itil above. The extension						
į	s for the organization's return for:							
1	calendar year or							
ı	X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009	·						
2 i	f this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period						
3a ii	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
<u>n</u>	onrefundable credits. See instructions.	3a \$ 0.						
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated							
	ax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.						
C E	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).							
S	ee instructions.	3c \$ 0.						
autio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.						

Form	8868 (Rev 4-2009)			Page 2			
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and cl	eck this bo	x	▶ X			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
_	Name of Exempt Organization	77,	Employer iden	tification number			
Тур	I I	200					
print	THE O'MALLEY FOUNDATION			4521			
	number, street, and room or suite no. If a P O. box, see instructions.		For IRS use onl	у			
filing t return instrui	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Security,	English .				
Che	ck type of return to be filed (File a separate application for each return):						
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1 Form 990-BL Torm 990-PF Form 990-T (trust other than above) Form 4		Form 5227 Form 6069	Form 8870			
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension or	a previous	ly filed Form 88				
	CHRISTOPHER O'MALLEY						
• TI	ne books are in the care of > 496 PHILLIPS AVENUE - GLEN ELLYN,	IL 60	137				
	elephone No.	111 00.					
	the organization does not have an office or place of business in the United States, check this box			▶ □			
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 							
box	, <u> </u>						
4	14311 15 0010						
5	T111 1 0000	d endina	JUN 30,	2009			
6	If this tax year is for less than 12 months, check reason: Initial return Final re			accounting period			
7	State in detail why you need the extension		Onlange in	accositing positor			
	ADDITIONAL INFORMATION FROM THIRD PARTIES IS NEED	ED TO	COMPLET	THE TAX			
	RETURN.						
8a	if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	y					
	nonrefundable credits. See instructions.	1	8a \$	0.			
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate	ated	*				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.	8b \$	0.				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de	posit					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ins	tructions.	8c \$	<u> </u>			
Signature and Verification							
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement ue, correct, and complete, and that I am authorized to prepare this form.	s, and to the t	oest of my knowled	ige and belief,			
Signat	ure & Chew Kaller Jr. Title MATOINE		Date ▶ 2/1-	2/10			
			Form	8868 (Rev. 4-2009)			