

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

internal Revenue		re able to use a copy of this	return to satisfy state repu	ung requirements.	
For calendar	year 2009, or tax year beginning		, and ending		
G Check all t	——————————————————————————————————————	Initial return of a fo	• —	Final return	1
	Amended return	Address chang	je	Name change	
Use the IRS	Name of foundation			A Employer identification	number
label.	CUCHON CARRO CUARTETE	C	l	20 4566740	
Otherwise,	CUSTOM CARES CHARITIE Number and street (or P O box number if mail is not de		Room/suite	20-4566740	
print or type.	317 WEST LAKE STREET	11Ver ed (D \$11 ee(address)	Room/suite	B Telephone number	100
See Specific	City or town, state, and ZIP code			(708)860-5	
Instructions.	NORTHLAKE, IL 60164-	2/12		C If exemption application is p	· —
	e of organization: X Section 501(c)(3) ex			1. Foreign organizations 2. Foreign organizations me check here and attach co	beting the 85% test,
	· ·	Other taxable private founda	tion	check here and attach co	pmputation
	t value of all assets at end of year J Accounting		Accrual	If private foundation sta under section 507(b)(1)	
	· —	her (specify)	Accidal	,	
▶ \$		mn (d) must be on cash b	pasis.)	F If the foundation is in a under section 507(b)(1)	
Part I Ar	nalysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
<u> </u>	ne total of amounts in columns (b), (c), and (d) may not icessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	ntributions, gifts, grants, etc., received	4,250.		N/A	(
2 60	K If the foundation is not required to attach Sch. B				
3 inte	rest on savings and temporary				
4 DIV	idends and interest from securities				
5a Gro	oss rents				
₩ b Net	rental income or (loss)				
68 Net	gain or (loss) from sale of assets not on line 10				
b ass	ss sales price for all ets on line 6a				
Revenue MAR Revenue MAR Revenu	margan of Intome (from Part IV, line 2)		0.		
Se 8 Net	Short term capital gain 70				
F 18 Inc	ome modifications		·-····································		
10a and	ome modifications Section less returns 0 10				
c Gre	eviceme (loss)				
\	tal. Add lines 1 through 11	4,250.	0.		
	mpensation of officers, directors, trustees, etc	4,230.	0.	<u> </u>	0.
1 '	ner employee salaries and wages				
l l	nsion plans, employee benefits		·		
% 16a Leg		25.	0.		0.
	counting fees				
ស្នា c Oth	ier professional fees				
b Acc c Oth 17 Inte 18 Tax 19 Dep 20 Occ 21 Tra 22 Prii 23 Oth 24 Tot	erest				
18 Tax	kes				
19 Dep	preciation and depletion				
20 Occ	cupancy				
ĕ 21 Tra	vel, conferences, and meetings				
E 22 Prir	nting and publications				
23 Oth	er expenses				
E 24 Tot	al operating and administrative	2.5			
exp	penses. Add lines 13 through 23	25.	0.		0.
25 Cor	ntributions, gifts, grants paid	1,758.			1,758.
	tal expenses and disbursements.	1,783.	0.		1 750
	d lines 24 and 25 btract line 26 from line 12;	1,/03.	<u> </u>		1,758.
		2,467.			
I	ess of revenue over expenses and disbursements t investment income (if negative, enter -0-)	<u> 2, 20/.</u>	0.		
1	usted net income (if negative, enter -0-)			N/A	
	HA For Privacy Act and Paperwork Reduction	Act Notice, see the instruct	ions.		Form 990-PF (2009)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1	<u> </u>	25,009.
2	Enter amount from Part I, line 27a	2		2,467.
3	Other increases not included in line 2 (itemize)	3		
4	Add lines 1, 2, and 3	4		27,476.
5	Decreases not included in line 2 (itemize)	_ 5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		27,476.

923511

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	3,773.	22,960.	.164329
2007	4,802.	10,346.	.464141
2006	0.	5,183.	.000000
2005			
2004			

- 2 Total of line 1, column (d)
- 3 Average distribution ratio for the 5-year base period divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6
- 3 Enter qualifying distributions from Part XII, line 4

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

7	5,408.
8_	1,758.

3

5

923521 02-02-10

Form **990-PF** (2009)

.628470

.209490

25,816.

5,408.

_	1990-PF (2009) CUSTOM CARES CHARITIES		<u> 20-</u>	<u>4566</u>	<u>740</u>		Page 4
Pε	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4	948	- see iı	nstru	ıctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	, [1				0.
	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)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		_4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		_5_				0.
6	Credits/Payments:						
8	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
ь	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld 6d						
	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	Ì	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10			10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	ed 🖢	11				
	rt VII-A Statements Regarding Activities	,		<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	ervene	ın	Ī		Yes	No
-	any political campaign?	101 40110	•••	ŀ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definit	ion\2		ŀ	1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu		dor	<u> </u>	יוו		
	distributed by the foundation in connection with the activities.						
_	Did the foundation file Form 1120-POL for this year?				1.		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				<u>1c</u>		
u	(1) On the foundation. \blacktriangleright \$ \$	Λ					
		<u>0.</u>					
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$	n					
•						i	37
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.				2		<u>X</u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation or	-				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	u, 01			3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			Ì	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			′ 	5		X
_	If "Yes," attach the statement required by General Instruction T.			İ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with ti	ne state	law				
	remain in the governing instrument?				6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			ŀ	7	X	
Ī	If "Yes," complete Part II, col. (c), and Part XV.			ļ			
Яя	Enter the states to which the foundation reports or with which it is registered (see instructions)			i			
-4	IL						i
h	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				8b	x	
۵	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$:	for cales	ndar	ŀ	00	A	
J	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	اعا تحالاا	iual		9		x
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			ŀ	10		$\frac{\Delta}{X}$
10	DIA GIT POLOGIC SUSSEMBLE COMMINDUOLS COMMING THE LOX YEAR IT IT YES," attach a schedule listing their names and addresses			<u></u>		-PF (
				LOUL	・フラリ	-rr(ZUU9)

923531 02-02-10

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) CUSTOM CARES CHARITIES Part VII-B Statements Regarding Activities for Which	Form 4720 May Re I	Peguired (contin	20-45667	40 Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instri Organizations relying on a current notice regarding disaster assistance check if the answer is "Yes" to question 5a(4), does the foundation claim exemption to expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.494 6a Did the foundation, during the year, receive any funds, directly or indirectly, to 	or 4945(e))? or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section der the exceptions described fuctions)? here from the tax because it mainta 15-5(d).	ectly, You for In Regulations	es X No	5b
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?	Yo	es X No	6b X
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax b. If yes, did the foundation receive any proceeds or have any net income attributed to the foundation About Officers, Directors, Trust Part VIII	table to the transaction?		,	7b
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PERRY MANDERA 317 W LAKE STREET	PRESIDENT/DIR	ECTOR		
NORTHLAKE, IL 60164	1.00	0.	0.	0.
ROBERT HEINZ	SECRETARY/DIR			
317 W LAKE STREET				
NORTHLAKE, IL 60164	1.00	0.	0.	0.
STEVE LAUE (PREVIOUS) 317 W LAKE STREET	TREASURER/DIR	ECTOR		
317 W LAKE STREET NORTHLAKE, IL 60164	1.00	0.	0.	0.
OORLAND HENDERSON (CURRENT)	TREASURER/DIR		0.	
317 W LAKE STREET				
NORTHLAKE, IL 60164	1.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	_			
		L	<u> </u>	<u></u>
otal number of other employees paid over \$50,000			Form 9	990-PF (2009)

923551 02-02-10

Form 990-PF (2009) CUSTOM CARES CHARITIES	20-4	4566740 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non-	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releva number of organizations and other beneficiaries served, conferences convened, research papers.	int statistical information such as the pers produced, etc.	Expenses
1 N/A		
2		
3		
		<u> </u>
4		
B. J.W.B.		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
All other program-related investments. See instructions. 3		
<u> </u>		

Form **990-PF** (2009)

Total. Add lines 1 through 3

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b		1b	26,209.
C		_1c	
d		_1d _	26,209.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	26,209.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	393.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,816.
6	Minimum investment return. Enter 5% of line 5	6	1,291.
F	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,291.
2a			
b			
C	,	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,291.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,291.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,291.
F	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4 550
8		1a	1,758.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	the state of the s	3a	
b		3b	4 750
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,758.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,758.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				1,291.
2 Undistributed income, if any, as of the end of 2009				2/2/21
a Enter amount for 2008 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2009:		0.	· · · · · · · · · · · · · · · · · · ·	
a From 2004				
b From 2005				
c From 2006				
d From 2007 4,026.				
e From 2008 2,625.				
f Total of lines 3a through e	6,651.			
4 Qualifying distributions for 2009 from	070311			
Part XII, line 4: ►\$1,758.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				1,291.
e Remaining amount distributed out of corpus	467.			1,251.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,118.			
b Prior years' undistributed income. Subtract	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	7 110			
Subtract lines 7 and 8 from line 6a	7,118.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 4,026.				
d Excess from 2008 2,625. e Excess from 2009 467.				
e Excess from 2009 467.			I	Form 990-PE (2000)

	CARES CHARI				- 4 566740 Page 10
Part XIV Private Operating F			-A, question 9)	<u> </u>	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	- T	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, 					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		_			
e Qualifying distributions made directly			. —		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: 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				1	
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 Part XV Supplementary Info	motion (Comple	to this part only	if the foundat	ion had \$5 000 a	r mara in acceta
at any time during t			ii the loundat	ion nau \$5,000 oi	more in assets
1 Information Regarding Foundation			·		
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by	the foundation before th	a along of any tay
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)	indutions received by	ville loulluation before th	e close of any tax
NONE	,,,,,,,	(-/(-//			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration (or an equally large r	ortion of the ownership of	of a nartnerehin or
other entity) of which the foundation has			or all equally large p	ortion of the ownership t	n a partifership of
NONE	·				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	ourame.		
Check here X if the foundation of				nes not accent unsolicited	requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num				, , , , , , , , , , , , , , , , , , , ,	,,
2 The hame, address, and telephone fluin	Jo. of the person to Will	approations snould be			
b The form in which applications should be	e submitted and informa	tion and materials they sh	rould include:	·	
c Any submission deadlines;					
d Any restrictions or limitations on awards	s such as hy generanhia	al areae charitable fields	kinds of institutions	or other factors:	
e any resultations of littleations of awards	s, such as by geographic	ai ai cas, chantaute tielus,	KINGS OF HISHBURDINS	, or other lactors.	
			· · ·		
923601 02-02-10				·	Form 990-PF (2009)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient 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)	or substantial contributor	recipient	Contribution	
a Paid during the year FRIENDS OF JACLYN FOUNDATION C/O AMONTE SPORTS - PO BOX 5366 EVANSTON, IL 60204			CHARITABLE CONTRIBUTION	1,250.
WALTER & CONNIE PAYTON FOUNDATION 1032 RIDGEVIEW DRIVE INVERNESS, IL 60010			CHARITABLE CONTRIBUTION	508.
			<u> </u>	1
Total b Approved for future payment			<u>▶ 3a</u>	1,758
NONE				
Total	<u> </u>		▶ 3b	_ 0.
923611 02-02-10				orm 990-PF (2009)

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Code		1000		
a	- -			-	
c			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d	1 1				
e	1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			_ _		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
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 events					·
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
8	-				
b	-				
C	- }				
d	-				
e).		
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<i>J</i> •		
See worksheet in line 13 instructions to verify calculations.)				13	
Part XVI-R Relationship of Activities	4- M 4				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					

923621 02-02-10

Pi	art XVII Information Regarding Transfers To a Exempt Organizations	and Transactions a	nd Relationships With Nonchar	itable		<u>40 10</u>
1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	n described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52	27, relating to political organ	izations?			
8	Transfers from the reporting foundation to a noncharitable exempt or	ganization of:				
	(1) Cash			1a(1)		X
	(2) Other assets			1a(2)		X
b	Other transactions:					
	(1) Sales of assets to a noncharitable exempt organization			1b(1)		_X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		_X_
	(3) Rental of facilities, equipment, or other assets			1b(3)		_X_
	(4) Reimbursement arrangements			1b(4)		<u> </u>
	(5) Loans or loan guarantees			1b(5)		<u> </u>
	(6) Performance of services or membership or fundraising solicitation			1b(6)		<u>X</u> _
	Sharing of facilities, equipment, mailing lists, other assets, or paid err			1c		_X_
đ	If the answer to any of the above is "Yes," complete the following school				ets,	
	or services given by the reporting foundation. If the foundation received		e in any transaction or sharing arrangement, sh	ow in		
(a)	column (d) the value of the goods, other assets, or services received. Line no (b) Amount involved (c) Name of noncharitable		(4) -			
(4).		e exempt organization	(d) Description of transfers, transactions, and si	naring an	angeme	nts
	N/A					
						
-			· · · · · · · · · · · · · · · · · · ·			
			<u></u>			
28	Is the foundation directly or indirectly affiliated with, or related to, one		ations described			_
	in section 501(c) of the Code (other than section 501(c)(3)) or in section	tion 527?		Yes	X] No
b	If "Yes," complete the following schedule.					
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	Р		
	N/A					
					-	
_						
Т	Under penalties of perjury, I degare that I have examined this return, including account	Impanying schedules and stateme	ents, and to the best of my knowledge and belief, it is tr	ue, correc		
1	and complete Declaration of preparer (other than taxpayer or fiduciary) is based on	all information of which preparer	has any knowledge		,	
		2/14/10	PRESIDENT			
計	Signature of Officer or trustee	Date	Title			—
E	Preparer's N	7 1 E D	ate Check if Preparer	s identify	ing num	ber
<u>5</u>	Signature ATAN AT DODING	fruit of	2/08/10 self- employed ►			
	Firm's name (or yours BLACKMAN KALLICK, L	LP	EIN ►		_	
	្នាំ if self-employed). 🕨 10 S. RIVERSIDE PLA					
	address, and ZIP code CHICAGO, ILLINOIS 6		Phone no. (312)	20	7-1	040
			Forr	n 990		

FORM 990-PF	LEGAL	FEES	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL FEES	25.	0.		0.		
TO FM 990-PF, PG 1, LN 16A	25.	0.		0.		