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## 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Department of Internal Reven		Note	e: The foundation may t	te abl	reated as le to use a	a Priv	ate Foundation	on atisfy state	repo	rting requirements	6	20 <b>09</b>
For calen	dar year 2009,		ax year beginning					and endi			·	, 20
G Check	all that apply		Initial return		Initia	return	of a former p	oublic char	ity		Final	return
			Amended return			Addre	ss change		].	Name change	<del></del>	
	Name of fo	unda	ation							A Employer identifi	cation nu	ımber
Use the I	RS CORCOR	N I	FAMILY FOUNDAT	ION						26-15087	42	
label.												
Otherwis	e. Number an	d str	eet (or PO box number if	mail is	not delivere	d to stree	t address)	Room/su	ite	B Telephone number (see	page 10 of t	the instructions)
print or type	6625 NO	RTI	H LE MAI AVENU	Ε								
See Spec												
Instructio	City or town	ı, sta	ite, and ZIP code							C If exemption applica pending, check here		<b>.</b>
	LINCOL	IWO(	DD, IL 60712							D 1 Foreign organizat		here ►
										2 Foreign organizat		
H_Check	type of organiz	atıoı	x Section 501(	c)(3)	exempt	private	foundation			85% test, check in computation .		
Secti	on 4947(a)(1) no	nex	empt charitable trust		Other ta:	xable p	rivate foundat	ion		E If private foundation		
I Fair ma	irket value of a	as	sets at end J Accor	unting	g method	ı 🔀 C	ash Acc	rual		under section 507(b)		- L
of year	(from Part II, co	ol (c	:), line   📙 O	ther	(specify)					F If the foundation is		
16) 🕨	<b>\$</b> 4,	728	3,111.00 (Part I,	colu	mn (d) mu	ist be o	n cash basıs )			under section 507(b)		
Part I A	nalysis of Rev	enue	and Expenses (The		a) Revenue	and	/h) h1=+			at Administration		sbursements
			mns (b), (c), and (d) ual the amounts in	''	expenses		(b) Net inve		(	c) Adjusted net income	1	charitable ourposes
			1 of the instructions) )		books		1.					h basis only)
1 Con	tributions <u>, gift</u> s, grants	etc ,	received (attach schedule) .			0						
2 Che	eck ▶ ☐ if the	foun Sch	dation is not required to		·					*		
3 Inte			porary cash investments		16	,577	1	6,577		16,577	SEE ST	TATEMENT 1
14 01	idends and inter	est fi	rom securities								·	
5 a Gro	oss rents										<i>′</i>	
b Net	rental income or (I	oss)		,			<u> </u>				-	
gu 6a Net			of assets not on line 10									Y
b Gro	ss sales price for a ets on line 6a	١					<u> </u>					_
7 Ca		ome	(from Part IV, line 2)									
8 Ne	short-term sap	a(Cg	耐V.ED					·			,	
9 Inc	ome modification		······································									
10 a Gro	ss sales less return: - allowances	:   P • 1	0 2010 8						٠,			·
6 a Net b Gro ass 7 Ca 8 Ne 9 Inc 10 a Gro and b Les	allowances - Ar	ر بل	3 2010				<u></u>				,	
c Gro	ss profit <u>or (los</u> s	_(att	ach-schedule)		-							
11 Oth	er income (attac	h sò	Regional U.T				<u> </u>					,
	al. Add-lines 11	_			16	, 577	1	6,577		16,577		
13 Cor	npensation of office	rs, di	rectors, trustees, etc	ļ								
1	er employee sal	aries	and wages		<del></del>							
15 Pe			e benefits				ļ. <u></u>					
15 Per 16	jal fees (attach s	ched	ule)		11,	, 948	1	1,948		11,948	SEE ST	TATEMENT 1
b Acc	counting fees (at	ach	schedule)		2	,500		2,500		2,500	SEE ST	TATEMENT 1
c Oth	er professional f	ees (	(attach schedule)				<u> </u>					
17 Inte	erest											
18 Tax	es (attach schedule	) (see	page 14 of the instructions)		1	,140	SEE STATEM	ENT 1				
19 De	oreciation (attach	sch	edule) and depletion.									
20 Oc	cupancy											
21 Tra	vel, conferences	and	meetings									
22 Prii	nting and publica	itions	s				ļ					
23 Oth	er expenses (att	ach :	schedule)			,						
24 Tot	al operating and	adr	ninistrative expenses.					Ţ	-		-	
Add					15,	588	1.	1,448		14,448		
25 Co	ntributions, gifts,	gran	its paid			,073				, , ,		201,973
26 Tota	l expenses and disbu	rsem	ents Add lines 24 and 25		220,	661	1.	4,448		14,448		201,973
27 Sut	tract line 26 from	n lin	e 12				,	-				-
a Exce	ess of revenue over e	cpens	es and disbursements		-204,	084						
b Net	investment inc	ome	(if negative, enter -0-)			·		2,129				

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**b Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

2,129

Ε	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
س	artii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments	4,932,195	4,728,111	4,728,111
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
	,	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		•	
			1		
	_	disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	1		
		Less allowance for doubtful accounts ▶			
ध	8	Inventories for sale or use		<del></del>	
sets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U S $$ and state government obligations (attach schedule) $$ .			
	b	Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)			
		(attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)  Land, buildings, and equipment basis  Less accumulated depreciation (attach schedule)	~ ` `		3 11 11
	15	(attach schedule) Other assets (describe			
	16	Total assets (to be completed by all filers - see the			,
		instructions Also, see page 1, item I)	4 932 195	4,728,111	4,728,111
_	17			4,720,111	4,720,111
		Accounts payable and accrued expenses	1		
	18	Grants payable			
Liabilities	19	Deferred revenue		**	
藚	20	Loans from officers, directors, trustees, and other disqualified persons			, ,
<u>=</u> .	21	Mortgages and other notes payable (attach schedule)		·	1
_	22	Other liabilities (describe		<del></del>	,
	23	Total liabilities (add lines 17 through 22)	NONE	NONE	
"		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
ő	24	Unrestricted		· · · · · · · · · · · · · · · · · · ·	· (
a	25	Temporanly restricted			` '
89	26	Permanently restricted			
þ		Foundations that do not follow SFAS 117,			
Ē		check here and complete lines 27 through 31. ▶ X			. ,
5	27	Capital stock, trust principal, or current funds	NONE	NONE	*
Net Assets or Fund Balanc	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SSE	29	Retained earnings, accumulated income, endowment, or other funds			* * *
Ž	30	Total net assets or fund balances (see page 17 of the			
Š		instructions)	4,932,195	4,728,111	
	31	Total liabilities and net assets/fund balances (see page 17			, , , ,
		of the instructions)	NONE		. ; .
Ε	art II	Analysis of Changes in Net Assets or Fund		·	<u> </u>
		net assets or fund balances at beginning of year - Part II,		agree with	
•		of-year figure reported on prior year's return)			4 932 195
2	Ente	r amount from Part I line 27a			4,932,195 -204,084
2	Otho	r amount from Part I, line 27a r increases not included in line 2 (itemize) ▶			204,004
					4 700 111
		lines 1, 2, and 3			4,728,111
		eases not included in line 2 (itemize)		5	
<del>6</del>	rota	net assets or fund balances at end of year (line 4 minus lin	ne 5) - Part II, column (b)	, line 30 6	4,728,111
					Corm UDD-DE (1000)

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Page 3

Ĭ	•	and Losses for Tax on Inv	······································	(b) How	(c) Date	1
	• •	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200 :	•	acquired P-Purchase	acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a		nek warehouse, or common stock, 200 s	ana MEG GO )	D-Donation	(IIIo , day, yi )	
Ŀ				<del> </del>	<del></del>	<del></del>
_						<del> </del>
_	· · · · · · · · · · · · · · · · · · ·					
_	9				-	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a	B					
t	<b>b</b>					
	D				<del></del>	
_6			-1			
	omplete only for assets s	howing gain in column (h) and own			Gains (Col (h) g	
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
_a					<del></del>	·
	· ·					
				<del> </del>		
<u>_e</u>			gain, also enter in Part I, line 7	<del> </del>	···	
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections 12	· · ·	<del>-  </del>	-	
		line 8, column (c) (see pages 13 a				
	If (loss), enter -0- in Part I, I	ine 8		3		
P	art V Qualification Ur	ider Section 4940(e) for Redu	ced Tax on Net Investment Inc	ome		
W		the section 4942 tax on the distrib		ase period	ժ?	Yes X No
_		not qualify under section 4940(e) ount in each column for each year,		foro mak	ing any entries	
÷	(a)			nore mak	(d)	
С	Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	1	Distribution ra (col (b) divided by	
	2008	175,921	4,912,284		( (-)	0.0000
_	2007	NONE	4,925,433			0.0000
	2006					0.0000
	2005					0.0000
_	2004					0.0000
	Total of line 1, column (d)	· · · · · · · · · · · · · · · · · · ·		2		0.0000
3	=	for the 5-year base period - divide	• •			
	number of years the found	lation has been in existence if less	than 5 years	3		0.0000
4	Enter the net value of non	charitable-use assets for 2009 from	n Part X, line 5	4	4	,775,525
5	Multiply line 4 by line 3 .			5		NONE
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		21
7	Add lines 5 and 6			7		21
8	Enter qualifying distribution	ns from Part XII, line 4	Daily had the said said to the	8	401.	201,973
	Part VI instructions on page	ater than line 7, check the box in a 18	i Part VI, line 1b, and complete t	nat part i	using a 1% tax	rate See the

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page

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8 b

instructions) ► \_ILLINOIS\_\_\_

names and addresses

Par	1 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 page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	-	N/A	
	Website address ► N/A			
14	The books are in care of ▶ GERALD CORCORAN Telephone no ▶			
	Located at ▶ 6625 N. LE MAI AVE., LINCOLNWOOD, IL ZIP+4 ▶ 60712			<b></b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. N/A	\ . ►	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	ļ		
	(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)?	٠.		,
	(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)		1	
b	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)?	1 b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		24	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		, (	
	6e, Part XIII) for tax year(s) beginning before 2009?		٠,	<i>}</i>
	If "Yes," list the years			٤
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	\ \cdot \cdo	` ;'	4
	(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 page 20 of the instructions )	2 b		<u>X</u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 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	ام کر م	'	<
	foundation had excess business holdings in 2009 )	3 b	N/A	<del></del> _
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4	`.	v
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20097	4 b	ı I	X

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	t VII-B Statements Regarding Activities f	or which form 47	20 May Be Requi	rea (continuea)				
5 a	During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influe (2) Influence the outcome of any specific public election	nce legislation (section i (see section 4955), oi	r to carry on,	Yes X No				
	directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes X No Yes X No							
	(4) Provide a grant to an organization other than a char section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes X No	,			
	(5) Provide for any purpose other than religious, charita purposes, or for the prevention of cruelty to children	• .		Yes X No	,			
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran Regulations section 53 4945 or in a current notice rega	sactions fail to qualify	under the exceptions	described in	5b N/A			
	Organizations relying on a current notice regarding disas	•		· · · ·				
C	If the answer is "Yes" to question 5a(4), does the foundation			· · · · · · · · —				
	because it maintained expenditure responsibility for the			. Yes No	•			
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)			,			
6 a	Did the foundation, during the year, receive any funds, or	•		Yes X No				
<b>.</b>	on a personal benefit contract?							
D	Did the foundation, during the year, pay premiums, direct If "Yes" to 6b, file Form 8870	city or indirectly, on a p	ersonal benefit contrac	:t'>	6b X			
7 a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes X No	,    ,			
	If yes, did the foundation receive any proceeds or have		•	. — —	<del></del>			
Par	t VIII Information About Officers, Director and Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,			
1	List all officers, directors, trustees, foundation m	anagers and their o		page 22 of the instru	uctions).			
	(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			
		- acroted to position -		and deterred compensation (				
	ALD CORCORAN	PRESIDENT	<u> </u>	and defended compensation				
6625	N. LE MAI AVE., LINCOLNWOOD, IL 60712	PRESIDENT	NONE	NONE	NONE			
6625 MAU	N. LE MAI AVE., LINCOLNWOOD, IL 60712 REEN CORCORAN	PRESIDENT VICE-	NONE	NONE				
6625 MAU 6625	N. LE MAI AVE., LINCOLNWOOD, IL 60712 REEN_CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712	PRESIDENT  VICE- PRESIDENT			NONE NONE			
6625 MAU 6625 GER	N. LE MAI AVE., LINCOLNWOOD, IL 60712 REEN_CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712 ALD CORCORAN	PRESIDENT VICE-	NONE	NONE	NONE			
6625 MAU 6625 GER	N. LE MAI AVE., LINCOLNWOOD, IL 60712 REEN_CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712	PRESIDENT  VICE- PRESIDENT	NONE	NONE				
6625 MAU 6625 GER 6625 MAU	N. LE MAI AVE., LINCOLNWOOD, IL 60712 REEN CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712 ALD CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712	PRESIDENT  VICE- PRESIDENT  SECRETARY	NONE	NONE	NONE			
6625 MAU 6625 MAU 6625	N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE			
MAU 6625 GER 6625 MAU 6625	N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE			
MAU 6625 MAU 6625 (a	REEN_CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN_CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN_CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of finone, enter "NONE."	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER  ther than those included the second control of the second co	NONE NONE NONE NONE	NONE  NONE  NONE  NONE  page 23 of the inst  (d) Contributions to employee benefit plans and deferred	NONE  NONE  NONE  ructions).			
MAU 6625 MAU 6625 (a	REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER  ther than those included the second control of the second co	NONE NONE NONE NONE	NONE  NONE  NONE  NONE  page 23 of the inst  (d) Contributions to employee benefit plans and deferred	NONE  NONE  NONE  ructions).			
MAU 6625 MAU 6625 (a	REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER  ther than those included the second control of the second co	NONE NONE NONE NONE	NONE  NONE  NONE  NONE  page 23 of the inst  (d) Contributions to employee benefit plans and deferred	NONE  NONE  NONE  ructions).			
MAU 6625 MAU 6625 (a	REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER  ther than those included the second control of the second co	NONE NONE NONE NONE	NONE  NONE  NONE  NONE  page 23 of the inst  (d) Contributions to employee benefit plans and deferred	NONE  NONE  NONE  ructions).			
MAU 6625 GER 6625 MAU 6625 (a	REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  ALD CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  REEN CORCORAN  N. LE MAI AVE., LINCOLNWOOD, IL 60712  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	PRESIDENT  VICE- PRESIDENT  SECRETARY  TREASURER  Ther than those included to position  (b) Title, and average hours per week devoted to position	NONE NONE NONE NONE Compensation	NONE  NONE  NONE  NONE  page 23 of the inst  (d) Contributions to employee benefit plans and deferred compensation	NONE  NONE  NONE  ructions).  (e) Expense account, other allowances			

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	oyees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOT APP	LICABLE	
Total number	er of others receiving over \$50,000 for professional services	
	Summary of Direct Charitable Activities	
		<del></del>
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 LOYOL	A ACADEMY - BIG SHOULDERS SCHOLARSHIP INITIATIVE	
		60,000
2 UNIVE	RSITY OF TENNESSEE	80,000
3 10001	A ACADEMY - ATHLETIC DEPARTMENT	25,000
3 10101	ACADEMI ATTENTION OF THE PROPERTY OF THE PROPE	
		20,000
4 QUEEN	OF ALL SAINTS BASILICA	
		19,000
Part IX-B		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT A	PPLICABLE	
2		
All other prog	gram-related investments. See page 24 of the instructions	
3		

Total. Add lines 1 through 3.....

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	4,848,249
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	4,848,249
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	4,848,249
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	72,724
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,775,525
6	Minimum investment return. Enter 5% of line 5	6	238,776
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this	ate operating	
1	Minimum investment return from Part X, line 6	1	238,776
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	7 2c	21
3	Distributable amount before adjustments Subtract line 2c from line 1	3	238,755
4	Recoveries of amounts treated as qualifying distributions		
5			238,755
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	238,755
D <sub>2</sub>	art XII Qualifying Distributions (see page 25 of the instructions)	<u> </u>	
. u			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	201,973
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	<b> </b>	
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	201,973
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	21
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	201,952
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v	whether the foun	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
_		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				238,755
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			244,687	
b	Total for pnor years 20 <u>07</u> ,20,20	· · · · · · · · · · · · · · · · · · ·	246,268		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
C	From 2006				
đ	From 2007				
	From 2008				,
f	Total of lines 3a through e	<del></del>		6	<u> </u>
4	, ,				
	line 4 ▶ \$ 201, 973	·, ·	```	* • '	
а	Applied to 2008, but not more than line 2a		, ri .	201,973	
b	Applied to undistributed income of prior years (Election			,	· · ·
	required - see page 26 of the instructions)		175,921		· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount	·			
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:		j.		,
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	··· · · · · · · · · · · · · · · · · ·		· ··· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
b	Prior years' undistributed income Subtract	, ,	70.247	,	, , ,
c	line 4b from line 2b Enter the amount of prior years' undistributed		70,347		, , , , , , , , , , , , , , , , , , , ,
٠	income for which a notice of deficiency has been	•			~
	issued, or on which the section 4942(a) tax has		NONE		
	been previously assessed	·	NONE		
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		70,347		
е	Undistributed income for 2008 Subtract line		70/317	<del>-                                    </del>	
	4a from line 2a Taxable amount - see page			42,714	,
	27 of the instructions	···········			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be	`	,	:	
	distributed in 2010	,			238,755
7	Amounts treated as distributions out of corpus		· ·	`	, , , , , , , , , , , , , , , , , , , ,
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,		
	instructions)		, ,		1. 88
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the		,		, , ,
9	Excess distributions carryover to 2010.				,
,	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				1
	Excess from 2008				
	Excess from 2009		· · · · · · · · · · · · · · · · · · ·		

ıd	If the foundation has r foundation, and the ruling					ABLE
b	Check box to indicate whe					)(3) or 4942(j)(
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<u></u>	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(ъ) 2008	(c) 2007	(d) 2006	(0, 7000)
b	85% of line 2a					
c	Qualifying distributions from Part					
	XII line 4 for each year listed .  Amounts included in line 2c not					
•	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets     (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)					
С	line 6 for each year listed "Support" alternative test - enter			<del> </del>		,
	(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)					
Pa	(4) Gross investment income.  rt XV Supplementa	ry Information (	Oomplete this part	only if the found	ation had \$5,000	or more in ass
			e page 28 of the in	structions.)		
1 a	Information Regarding List any managers of t before the close of any	he foundation who	have contributed mor			
GEF	RALD CORCORAN					
b	List any managers of to ownership of a partners					y large portion of t
100		Cantally 41 2	Cit Land Calain	sin ata Dana a		
2	Information Regarding Check here ▶ ☐ If the unsolicited requests for	ne foundation only or funds. If the four	makes contributions ndation makes gifts, g	to preselected char grants, etc (see page		
a	The name, address, and	<del></del>	<del></del>		e addressed	
GEF	RALD AND MAUREEN The form in which appl	CORCORAN, 6625	N. LE MAI AVE	., LINCOLNWOOD,	IL 60712	
	REQUIRED FORM			·		
	Any submission deadling	nes				• • • • • • • • • • • • • • • • • • • •
	SUBMISSION DEADL					
ď	Any restrictions or lin factors	nitations on awards	s, such as by geogra	aphical areas, charita	able fields, kınds of	institutions, or oth
	RESTRICTIONS OR	LIMITATIONS			<del></del>	
JSA 90 1	000					Form <b>990-PF</b> (2

Form 990-PF (2009)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Durin Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial Contributor			
UNIVERSITY OF TENNESSEE				25,000
ST. JOSEPH SERVICES				2,400
THE CANCER SUPPORT CENTER				100
EVANSTON TOWNSHIP HISH SCHOOL		1		16,500
FUNDRAISER VIDEO (ETHS)				2,329
AUTISM SPEAKS				100
GREATER CHICAGO FOOD DEPOSITORY				100
U.S. HUNTER JUMPER ASSN. FOUNDATION				2,500
BUTKUS FOUNDATION		1		5,750
CHILDREN'S MEMORIAL HOSPITAL				10,000
GLOBAL BRIGADES				500
LOYOLA ACADEMY - GUARDIAN ANGEL FUND				12,000
LOYOLA ACADEMY - RAMBLE RAFFLE				500
LOYOLA ACADEMY - BIG SHOULDERS SCHOLA	RSHIP			60,000
LOYOLA ACADEMY - ATHLETIC DEPARTMENT		!		20,000
LOYOLA ACADEMY - PRESIDENT'S DINNER				5,000
MISERICORDIA - HEART LINKS OPEN		1		12,800
MISERICORDIA - HEAR OF MERCY BALL				2,250
MISERICORDIA - EVANSTON GOLF OUTING				944
QUEEN OF ALL SAINTS BASILICA				19,000
LITTLE FRIENDS				100
AMERICAN BRAIN TUMOR ASSOCIATION		!!!		100
MISERICORDIA - COME TO THE GARDEN		]		1,000
NETWORK FOR GOOD		1		375
LEUKEMIA AND LYMPHOMA CHARITY				100
EQUESTRIAN AID FOUNDATION				1,525
WALK ACADEMY		1		1,000
		1		
		1		
		1		
Total	· · · · · · · · · · · · · · · · · · ·	<del></del>		201,973
b Approved for future payment		1 1		
NOT APPLICABLE				
		1 1		
		1 [		
		1 1		
		!!		
		]	1	
			1	

Part X	VI-A Analysis of Income-Produ	cing Activ	vities			
Enter gro	ss amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	(e) Related or exempt function income
1 Progr	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
a _						
b _						
С _						
d _						
е_						
f _						
g F	ees and contracts from government agencies					
2 Memb	pership dues and assessments					
	st on savings and temporary cash investments					
4 Divide	ends and interest from securities			14	16,577	
5 Net re	ental income or (loss) from real estate					
a D	Debt-financed property			<u> </u>		
b N	lot debt-financed property					
6 Net re	ntal income or (loss) from personal property					
7 Other	investment income			ļ <u>.</u>		· · · · · · · · · · · · · · · · · · ·
8 Gain d	or (loss) from sales of assets other than inventory	_				<del></del>
9 Net in	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	revenue a					· · · · · · · · · · · · · · · · · · ·
b _				<u> </u>		
С _						
ď _						
е_				ļ		<u> </u>
	otal Add columns (b), (d), and (e)				16,577	
	. Add line 12, columns (b), (d), and (e)				13	16,577
	ksheet in line 13 instructions on page 28 to			4.5		·
Part X						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Line No						
	the accomplishment of the for page 29 of the instructions )	undation s	exempt purposes (or	iner than t	by providing tunds for	such purposes) (See
	NOT APPLICABLE					
					. <u>.</u> .	
					····	
			<u> </u>			
			<del> </del>			
					<del></del>	
			<del></del>			
		_ ·				
			<u> </u>			
					· · · · · · · · · · · · · · · · · · ·	

101111 00011 (2001	4						raye is
Part XVII	Information Regarding	Transfers To	o and	<b>Fransactions</b> and	Relationships	With	Noncharitable
	Exempt Organizations				•		

c	in secorgani Transi (1) Ca (2) Other (1) Sa (2) Pu (3) Ru (4) Ru (5) Lu (6) Pu Sharin If the	the organization directly ction 501(c) of the Cozations? fers from the reporting for ash	aritable exempt of noncharitable exempt of noncharitable exempt of noncharitable exempt. Or other assents	resection 501(c)(3) or ncharitable exempt organization exempt organization ets fundraising solicitations are assets, or paid emptyes," complete the rices given by the resections of the section of the s	rganizations anization of	or in se	ection 5	527, relating	to poli	tical	1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c the	fair r	narket
(a) i	ine no	(b) Amount involved	(c) Name of	noncharitable exempt orga	nization	(d) Descr	intion of t	transfers trans	actions an	d shann			nte
(0)	Line no	N/A	(c) Name of	noncharitable exempt orga	mzauon		ipuon of t	transfers, trans	actions, an	u snann	y arrai	igeme	nts
		IN/A				N/A		<del></del>					
				<del> </del>									
					<u>-</u>								
								•					
				· · · · ·									
	·												
						,		<u> </u>					
	section	foundation directly or n 501(c) of the Code (oth s," complete the following	er than section 5				•	•			] Ye	s X	] No
		(a) Name of organization	·	(b) Type of or	ganization			(c) Descr	ption of re	elationsh	ıp		
													<del></del>
				<u> </u>									
		1 -						<del></del>	<del></del>				
	Under	penalties of pegury, decla	that I have ev	amined this return, includ	ing accompa	nvina schedii	iles and	statements or	nd to the	best of	my kr	nowled	ne and
		it is true correct, and com	lete Declaration of	of preparer (other than ta	kpayer or fidu	iciary) is basi	ed on all	information o	f which pi	reparer	has an	y knov	vledge
2	Sı	gnature of officer or trustee			γ	Date	т	Title					
Sign Here	Paid Preparer's Use Only	Preparer's signature	San	8	Date 8/13	3/10	Check self-en	ıf nployed ►	ー l numb	arer's id per (See 30 of the	Signa	ture or	) 
	P. rep. Jse	Firm's name (or yours if	KPMG LI	.P				EIN >	13-	5565.	207		
	ر ہے	self-employed), address,	303 EAS	T WACKER DRIVE	3								
		and ZIP code	CHICAGO	), IL 60601				Phone	no 312	-665	-100	00	
										_	00	0 DE	(2009)

#### ANALYSIS OF REVENUE & EXPENSES

LINE 3 - INTEREST ON TEMPORARY ON CASH INVESTMENT	<u>r</u>	
DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
GOLDMAN, SACHS, & CO-INTEREST EARNED	16,577	16,577
LINE 16A - LEGAL FEES	<del></del>	
DESCRIPTION LEGAL FEES	REVENUE AND EXPENSES PER BOOKS 11,948	NET INVESTMENT INCOME  11,948
TOTAL	11,948	11,948
LINE 16B - ACCOUNTING FEES  DESCRIPTION  TAX CONSULTING/COMPLIANCE FEES	REVENUE AND EXPENSES PER BOOKS 2,500	NET INVESTMENT INCOME 2,500
	<del></del>	
TOTAL	2,500	2,500
LINE 18 - TAXES		
	REVENUE	
DESCRIPTION	AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FEDERAL TAXES PAID STATE TAXES/FEES PAID	1,000 140	
TOTAL	1,140	<del>-</del>

### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on Do not complete Part II unless you have already been granted an automatic 3-month extension on a pre</li> </ul>	page 2 c	of this fo	orm)
Part I Automatic 3-Month Extension of Time. Only submit original (no copies neede	ed).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check to Part I only	his box ai	nd comp	olete ▶ 🗀
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 time to file income tax returns	04 to req	uest an	extension of
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auto one of the returns noted below (6 months for a corporation required to file Form 990-T). However electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for	r, you ca 990-BL, 6 signed pa	nnot file 069, or ige 2 (Pa	Form 8868 8870, group art II) of Form
Type or Name of Exempt Organization E	mployer i	dentifica	tion number
print Corcoran Family Foundation	26	15	08742
File by the due date for filing your  Number, street, and room or suite no If a PO box, see instructions  6625 North Le Mai Avenue			
return See instructions  City, town or post office, state, and ZIP code For a foreign address, see instructions  Lincolnwood, IL 60712			
Check type of return to be filed (file a separate application for each return).			
☐ Form 990 ☐ Form 990-T (corporation)		Form 4	720
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust)		Form 5	227
☐ Form 990-EZ ☐ Form 990-T (trust other than above)		Form 6	069
		Form 8	870
<ul> <li>The books are in the care of ▶ Gerald Corcoran</li> <li>Telephone No ▶ (</li></ul>	ox	 If	
1 I request an automatic 3-month (6 months for a corporation required to file Form until August 15 , 20.10, to file the exempt organization return for the organization nation for the organization's return for.  ▶ ☑ calendar year 20.09 or  ▶ ☐ tax year beginning , 20 , and ending	imed abo	ve The	extension is
2 If this tax year is for less than 12 months, check reason  Initial return  Final return	Change	ın accou	unting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	21
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	2,893
	\$2°	<u> </u>	2,000
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		<b>.</b>	
System) See instructions.	3c	\$	NONE
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 for payment instructions.		Form 88	379-EO

Form	8868 (Rev	4-2009)									Page 2
Note	. Only c	filing for an Ad omplete Part II i filing for an Au	f you have all	ready been g	granted an au	tomatic 3-mor	ith exter	ision on a pre	and check the country of the country	ııs box Form 886	. ▶ □
Par		Additional (N							l (no copie	needec	<u>-\</u>
Type	or	Name of Exem									on number
File by the extended due date for		Number, street	t, and room or	suite no If a	P.O box, see	instructions		;	For IRS use	only	
filing t return instru	the See	City, town or po	st office, state,	and ZIP code	For a foreign ad	ddress, see instri	uctions		* * * * * * * * * * * * * * * * * * * *	, , , ,	
Che	ck type	of return to b	e filed (File a	separate a	pplication for	r each return)	:				
□ F	orm 990	)	Form 99	90-PF			☐ Fo	orm 1041-A		Form 606	69
□ F	orm 990	)-BL	☐ Form 99	90-T (sec. 4	01(a) or 408(a	a) trust)	□ Fe	orm 4720		Form 887	70
	orm 99	D-EZ	Form 99	90-T (trust c	ther than ab	ove)	☐ F	orm 5227			
STO	P! Do no	t complete Pa	rt II if you we	ere not alre	ady granted a	an automatic	3-mont	h extension o	on a previou	sly filed F	orm 8868.
		are in the care									
		No ▶ (				(No. ▶ (					
	•	nization does n									▶ □
		r a Group Retu									
		e group, check									
		names and EIN							_		
4	I reque	st an additiona	I 3-month ex	tension of t	ime until				. 20		
5	•	endar year									20
6		ax year is for le									
7		detail why yo		xtension							
8a	If this a	application is fo	or Form 990	-BL, 990-Pf	F, 990-T, 472	0, or 6069, e	nter the	e tentative ta	х,		<del></del>
	less an	y nonrefundabl	e credits. Se	e instructio	ns.				8a	\$	
þ		application is for ed tax paymen									
	amoun	t paid previous	ly with Form	8868.					8b	\$	
c		Due. Subtract I								\$	
		, coapan an in ion	<u> </u>			d Verificati		000 1110110011011	<u></u>	<u> </u>	
		of perjury, I declare t, and complete, an		amined this fon	m, including acco		-	statements, and	to the best of r	ıy knowledç	ge and belief,
			9	2					<b>.</b>	5/2	1/10
Signat	ture	-276			Title	<u> </u>			Date ▶		//0
									Fo	rm 8868	(Rev 4-2009)