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## Form 990-PF

Department of the Treasury Internal Revenue Service

Use the IRS label.

Otherwise,

print

or type.

See Specific

G Check all that apply:

For calendar year 2009, or tax year beginning

Name of foundation

P.O. BOX 9

City or town

Initial return Amended return

ROBERT G. SHAW FAMILY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

## 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

Address change

Initial Return of a former public charity

, 2009, and ending

Room/suite

State ZIP code

Name change

Α

В

Ç

OMB No 1545-0052

2009

Final return

Employer identification number

(847) 295-3777

Telephone number (see the instructions)

35-2205289

If exemption application is pending, check here Instructions. LAKE FOREST 60045 D 1 Foreign organizations, check here |X | Section 501(c)(3) exempt private foundation Check type of organization: 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year J Accounting method: X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here **►**\$ (Part I, column (d) must be on cash basis.) 888,065. Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in income for charitable expenses per books income columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) 5,000. Contributions, gifts, grants, etc, received (att sch) If the foundn is not reg to att Sch B Interest on savings and temporary 14,584. 14,584 cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) . .. 6a Net gain/(loss) from sale of assets not on line 10 REV b Gross sales price for all assets on line 6a 45 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances y . # ¥ ₹. ž b Less Cost of c Gross profit/(loss) (att sch) Other income (attach schedule) PROMISSORY NOTE INTEREST 5,512 20,096. Total. Add lines 1 through 11 25,096 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 3,264 b Accounting fees (attach sch) L-16b Stmt O c Other prof fees (attach sch) ... OPERATING 17 Interest 1,395 ලිර Taxes (attach schedule)(see instr.) EXCISE TAXES 19 Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) 23 FILING FEES EXPENSE 112 Total operating and administrative expenses. Add lines 13 through 23 4,771 Contributions, gifts, grants paid 35,350. 35,350. Total expenses and disbursements.

40,121

-15,025

Form 990-PF (2009)

35,350.

Add lines 24 and 25

and disbursements .

Subtract line 26 from line 12: a Excess of revenue over expenses

b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

20,096.

	31 Total liabilities and net assets/fund balances (see the instructions)	903,090.	888,065.	
Par	t III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year — Part II, column (a), liend-of-year figure reported on prior year's return)		e with 1	903,090
2	Enter amount from Part I, line 27a		. 2	-15,025
3	Other increases not included in line 2 (itemize)		3	
4	Add lines 1, 2, and 3		4	888,065
5	Decreases not included in line 2 (itemize) .		5	

903,090

903,090

888,065

888,065

A 28

S

0

R

29

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, accumulated income, endowment, or other funds .

Total net assets or fund balances (see the instructions)

Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30

888,065

2-story brick warehouse or common stock 200 shares MI C Company)  P = Purch			D) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a					
b				<del> </del>	
С				-	
d					
e				Ţ	
(e) Gross sales price	(f) Deprectation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
С					
d					
e					
	ing gain in column (h) and owned by			(I) Gains (Coli	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i), over column (j), if any		gain minus column (l han -0-) or Losses (fi	
<u>a</u>				<u> </u>	
b				0	
С				······································	
d	-				
e		enter in Part I, line 7 er -0- in Part I, line 7		<del></del>	
In Part I, line 8  Part V Qualification Under  (For optional use by domestic private  If section 4940(d)(2) applies, leave the  Was the foundation liable for the section the section of t	nis part blank. tion 4942 tax on the distributable am	940(a) tax on net investment i ount of any year in the base p	ncome)	Yes	X No
	n each column for each year; see the		ny entries.		—
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset		<b>(d)</b> Distribution olumn (b) divided	
2008	154,326.	944,	572.		0.163382
2007	206,603.	1,035,	524.		0.199515
2006	195,465.	1,191,	412.		0.164062
2005	111,214.	1,274,			0.087248
2004	115,232.	1,343,	603.		0.085763
2 Total of line 1, column (d)			2		0.699970
3 Average distribution ratio for th number of years the foundation	e 5-year base period – divide the tota has been in existence if less than 5	al on line 2 by 5, or by the years	. 3		0.139994
4 Enter the net value of nonchar	table-use assets for 2009 from Part >	K, line 5	4		891,124.
5 Multiply line 4 by line 3			5		124,752.
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)		. 6		201.
<b>7</b> Add lines 5 and 6			7		124,953.
8 Enter qualifying distributions fro	•		8		35,350.
If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI, I	ine 1b, and complete that part	t using a 19	tax rate. See th	e 

		<u> 2205289</u>		F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	the instruct	lions)		
1	a Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		4	402.
	check here ► and enter 1% of Part I, line 27b .				
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (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		4	<u>402.</u>
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		4	402.
6	Credits/Payments:				
	a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 680.				
	b Exempt foreign organizations — tax withheld at source . 6b				
	c Tax paid with application for extension of time to file (Form 8868) 6c 700.	:		,	
	d Backup withholding erroneously withheld . 6d				
7	Total credits and payments Add lines 6a through 6d	7		1,3	380.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	, ,	10			<u>978.</u>
	Enter the amount of line 10 to be Credited to 2010 estimated tax	11			538.
Pai	t VII-A Statements Regarding Activities	<del></del>	7		
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 Ь		x
		-1			; ', '
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials public or distributed by the foundation in connection with the activities.	snea		·	
	c Did the foundation file Form 1120-POL for this year?		1 c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ►\$ (2) On foundation managers ►\$				
	(1) On the foundation \$ (2) On foundation managers \$ = \$ (2) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		-		
	foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities			,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.		3		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.				
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 confi	lict			L
	with the 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? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8	Enter the states to which the foundation reports or with which it is registered (see the instructions)				
ı	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		<del>  </del>		ļ <sup>]</sup>
	(or designate) of each state as required by General Instruction $G^{2}$ if 'No,' attach explanation		8b	Х	<del> </del>
9		)42(j)(5)			<del> </del>
	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete F		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nan and addresses	nes	10	x	

Form **990-PF** (2009)

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	n 990-PF (2009) ROBERT G. SHAW FAMILY FOUNDATION	35-	220528	9	F	age 5
<u>'ar</u>	t 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		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 a	application	17	13	X	
	Website address ► <u>N/A</u>					
1.4				205	277	
14	The books are in care of ► ROBERT G. SHAW  Located at ► P.O.BOX 9 LAKE  FOREST, IL ZIP + 4 ►			295	-3/	'-'
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here				<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	15			_
Dar	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u></u> '	· · · · · · · · · · · · · · · · · · ·			-
<u> </u>				, শ্ব ংশ		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			(2)	Yes	No
1 a	a During the year did the foundation (either directly or indirectly).				300	)
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		4	sî',
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No		are for	20 19 20 19 19 19 19 19 19 19 19 19 19 19 19 19
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			200.0
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	<i>a</i>	, i	1950 11 1 - 4 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No		,(,	, ,,,
	(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.)	Yes	X No			
ŧ	b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instruction	ıs)?		1 b	و فَنْسَعُارُ	
	Organizations relying on a current notice regarding disaster assistance check here	<b>&gt;</b>		1.0		100 mg
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	<u> </u>	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)).					
a	a 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?	Yes	X No		Š,	, , , , , , , , , , , , , , , , , , ,
	If 'Yes,' list the years ► 20 , 20 , 20					
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see the instructions)	)(2) (2) to		2Ь		أ
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	re		* Q.S	, > []	75 H
	► 20, 20, 20			-	1. 34	, ,
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
t	o 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 foundation had excess business holdings in 2009)			3b		¥2.
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		х
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?			4b		x

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Form **990-PF** (2009)

		MILY FOUNDATION		35-220	5289	Page 6	
Part VII-B   Statements Ro			<u>1 4720 May Be Req</u>	uired (continued)	<del></del>		
5a During the year did the fou	· •	-	/t 404E/->>2	□ v 👨	.		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry							
on, directly or indirectl	No	,					
(3) Provide a grant to an i	No						
	2), or (3), or section	1 4940(d)(2)? (see instru	ctions)	Yes X	No		
(5) Provide for any purposes, educational purposes,	se other than religio or for the preventio	us, charitable, scientific, in of cruelty to children o	literary, or r animals?	Yes X	No		
b If any answer is 'Yes' to 5a described in Regulations s (see instructions)?	a(1)-(5), did <b>any</b> of ection 53.4945 or ir	the transactions fail to q n a current notice regards 	ualify under the exception ing disaster assistance	ons	5b		
Organizations relying on a	current notice rega	rding disaster assistance	e check here	. ▶□			
c If the answer is 'Yes' to que tax because it maintained	estion 5a(4), does t expenditure respon	the foundation claim exessibility for the grant? .	mption from the	Yes	No		
If 'Yes,' attach the stateme	ent required by Regi	ulations section 53 4945	-5(d).	<del></del>	سوم د	The section	
6a Did the foundation, during on a personal benefit conti	the year, receive ar ract?	ny funds, directly or indir	ectly, to pay premiums	Yes X	No	-	
<b>b</b> Did the foundation, during		iums, directly or indirectl	y, on a personal benefit	contract?	6Ь	X	
If 'Yes' to 6b, file Form 883 7a At any time during the tax		lation a party to a probib	uted tax shelter transact	ion? . Yes X	No S	. 3	
<b>b</b> If yes, did the foundation re	•				7b	<del>-                                     </del>	
Part VIII Information A	bout Officers, D				mployees	5,	
and Contracto  1 List all officers, directors,		in managere and their or	ompensation (see inst-	uctions)			
List an Onicers, directors,	u ustees, toundatio	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expens	e account	
(a) Name and add	dress	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo		
ROBERT G. SHAW							
P.O. BOX 9,		PRES/TREAS/SEC				•	
LAKE FOREST,	IL 60045	0.00	0.	0.		0.	
ROBERT G. SHAW P.O. BOX 9		DIRECTOR					
LAKE FOREST	IL 60045	0.00	0.	0.		0.	
JULE DUBACH	<b></b>						
P.O. BOX 9	77 60045	DIRECTOR				0	
LAKE FOREST ROBERT C. GEBERT	IL 60045	0.00	0.	0.		0.	
137 N. OAK PARK AVE	. STE 201	DIRECTOR					
OAK PARK	IL 60301	0.00	0.	0.		0.	
2 Compensation of five high		<del></del>		tructions). If none, ente	r 'NONE.'		
(a) Name and address of e paid more than \$5	ach employee 0,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo		
NONE							
0							
0							
0						-	
0		-					
	<del></del>	L					
Total number of other employees	s paid over \$50,000		<del></del>		F 001	None 3-PF (2009)	

<u>Part VIII</u> Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	ł Employees,
3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	<del></del>
Total number of others receiving over \$50,000 for professional services	None
Part XA Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	0.
2	
3	
4	
PartilX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	<b>&gt;</b>
BAA	Form <b>990-PF</b> (2009)

35-2205289 Page 7

Form 990-PF (2009) ROBERT G. SHAW FAMILY FOUNDATION

see instructions.)	Foreign fol	undations,
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	1 a	
<b>b</b> Average of monthly cash balances	1 b	814,694.
c Fair market value of all other assets (see instructions)	1 c	90,000.
d Total (add lines 1a, b, and c)	1 d	904,694.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		. <u>-</u>
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets .	2	
3 Subtract line 2 from line 1d .	3	904,694.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	13,570.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	891,124.
6 Minimum investment return. Enter 5% of line 5	6	44,556.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this	erating fou part.)	ndations
1 Minimum investment return from Part X, line 6	1	44,556.
2a Tax on investment income for 2009 from Part VI, line 5 . 2a 402	2.	
b Income tax for 2009 (This does not include the tax from Part VI.) . 2b		
c Add lines 2a and 2b	2 c	402.
3 Distributable amount before adjustments Subtract line 2c from line 1 .	3	44,154.
4 Recoveries of amounts treated as qualifying distributions .	4	
5 Add lines 3 and 4	5	44,154.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	44,154.
Part XII Qualifying Distributions (see Instructions)	·····	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	35,350.
b Program-related investments — total from Part IX-B	1 b	3073331
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: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	35,350.
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 (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,350.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when qualifies for the section 4940(e) reduction of tax in those years	ther the found	lation

Form 990-PF (2009)

## Part XIII Undistributed Income (see instructions)

2 Undistributed income, if any, as of the end of 2009	14,154.
, , ,	
a Enter amount for 2009 only	· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2008 only 0	
b Total for prior years 20 , 20 , 20	
3 Excess distributions carryover, if any, to 2009.	
a From 2004 48, 388. 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
<b>b</b> From 2005 48,352.	
c From 2006 136, 664.	<u> </u>
d From 2007155, 761.	
e From 2008 108, 445.	. V
f Total of lines 3a through e 497, 610.	
4 Qualifying distributions for 2009 from Part	**************************************
XII, line 4· ► \$ 35,350.	
a Applied to 2008, but not more than line 2a	
b Applied to undistributed income of prior years (Election required – see instructions)	
c Treated as distributions out of corpus (Election required – see instructions)	
d Applied to 2009 distributable amount	35,350.
e Remaining amount distributed out of corpus  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	*
5 Excess distributions carryover applied to 2009 8,804.	8,804.
(If an amount appears in column (d), the same amount must be shown in column (a))	
Same amount must be shown in column (a)	
6 Enter the net total of each column as	
indicated below:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 488, 806.	1000
b Prior years' undistributed income Subtract line 4b from line 2b	
c Enter the amount of prior years' undistribut-	3 1/3
ed income for which a notice of deficiency has been issued, or on which the section	, a, ^ (
4942(a) tax has been previously assessed	
d Subtract line 6c from line 6b. Taxable amount – see instructions	
REPORT THE REPORT OF THE PORT	· " 3%.
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions .	, 3 <u>\$</u> -
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)	, ,
(see instructions)	
8 Excess distributions carryover from 2004 not	-
applied on line 5 or line 7 (see instructions) 39,584.	
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 449, 222.	-
10 Analysis of line 9:	
a Excess from 2005 48,352.	
<b>b</b> Excess from 2006 136, 664.	
c Excess from 2007 155, 761.	
d Excess from 2008 . 108, 445.	
e Excess from 2009 . 0	-PE (2009)

Form 990-PF (2009) ROBERT G. SHAW F.	35-2205289	Page 10			
Part XIV   Private Operating Foundations (see instructions and Part VII-A, question 9)					
1 a If the foundation has received a ruling or do is effective for 2009, enter the date of the r	uling	•	• •	, . ▶	<del></del>
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years_	<del></del>	
investment return from Part X for each year listed .	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c 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		ļ			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					<u> </u>
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					
<ul><li>c 'Support' alternative test – enter.</li><li>(1) Total support other than gross</li></ul>					
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	<u></u>		<u> </u>		
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
Information Regarding Foundation Managera List any managers of the foundation who had close of any tax year (but only if they have N/A)	ers: ave contributed mo	re than 2% of the to	tal contributions red ection 507(d)(2))	ceived by the foundati	on before the
b List any managers of the foundation who over a partnership or other entity) of which the for N/A	vn 10% or more of oundation has a 10	the stock of a corpo 1% or greater interes	oration (or an equal ot	ly large portion of the	ownership of
2 Information Regarding Contribution, Grant Check here ► X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected charr	table organizations	and does not accept nizations under other o	unsolicited conditions,
a The name, address, and telephone number	of the person to w	hom applications sh	ould be addressed:		
<b>b</b> The form in which applications should be su	ubmitted and inform	nation and materials	they should include	e:	
c Any submission deadlines:					•
C Ally Submission deadmines.					
d Any restrictions or limitations on awards, su	uch as by geograph	nical areas, charitabl	le fields, kinds of in	stitutions, or other fac	ctors:
344	ть	FFA0310 07/06/09	· · · · · · · · · · · · · · · · · · ·	F	orm <b>990-PF</b> (2009)

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount		
Name and address (home or business)	substantial contributor	recipient				
a Paid during the year						
FIRST PRESBYTERIAN CHURCH						
700 N. SHERIDAN RD. LAKE FOREST, IL 60045	  N  / 7	DUBLIC	UNRESTRICTED	9,000.		
LAKE FOREST, IL 60045 CASA CENTRAL	N/A	POBLIC	UNRESTRICTED	9,000.		
1343 N. CALIFORNIA AVE.						
CHICAGO, IL 60622	N/A	PHRLIC	UNRESTRICTED	200.		
LAKE FOREST-LAKE BLUFF HISTORICAL SOCIETY	I -	LOBBIO				
361 E. WESTMINSTER,						
LAKE FOREST IL 60045	N/A	PUBLIC	UNRESTRICTED	500.		
ARS VIVA						
1560 RUDD COURT						
LIBERTYVILLE IL 60048	N/A	PUBLIC	UNRESTRICTED	500.		
BOYS & GIRLS CLUB OF LAKE COUNTY	1					
724 S. GENESEE ST.						
WAUKEGAN IL 60085	N/A	PUBLIC	UNRESTRICTED	200.		
LAKE FOREST COUNTRY DAY SCHOOL						
145 SOUTH GREEN BAY ROAD		DUDITO	INDECEDICATED	5,000.		
LAKE FOREST IL 60045 LAKE FOREST GRADUATE SCHOOL OF MANAGEMENT	i	PORTIC	UNRESTRICTED	5,000.		
1905 W. FIELD COURT						
LAKE FOREST IL 60045		PUBLIC	UNRESTRICTED	5,000.		
UNIVERSITY OF MICHIGAN				-,		
3003 S. STATE STREET, SUITE 9000						
ANN ARBOR MI 48109-12	9	PUBLIC	UNRESTRICTED	12,000.		
INDEPENDENCE CENTER, INC.						
2025 WASHINGTON STREET						
WAUKEGAN IL 60085		PUBLIC	UNRESTRICTED	200.		
See Line 3a statement						
				2,750.		
				2,750.		
Total			► 3a	35,350.		
<b>b</b> Approved for future payment						
Total			. ► 3b			

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

Enter gros	ss amounts unless otherwise indicated.	Unrelated	business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	· <b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income
	gram service revenue.			code		(see the instructions)
				-		
_				ļ		<del></del> -
		<del>                                     </del>		<del> </del>		
		<del>-     -</del>		<del> </del>		
f		<del> </del>	<del></del>		<del>- · ··· · · - · · - · · · · · · · · · ·</del>	
· · —	s and contracts from government agencies	<del>                                     </del>		+	· · · · · · · · · · · · · · · · · · ·	***
-	nbership dues and assessments		-	1		
3 Intere	est on savings and temporary cash investments			14	14,584.	
	dends and interest from securities					
5 Net	rental income or (loss) from real estate	Jon j	~- ,. ş	, ,	d la	
	t-financed property					
<b>b</b> Not	debt-financed property					
6 Net re	ental income or (loss) from personal property					
<b>7</b> Othe	er investment income			14	5,512.	
	or (loss) from sales of assets other than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory			<b></b>		
	er revenue.					<u> </u>
				ļ <u>.</u>		<u> </u>
		<del> </del>		-		
		+		<del> </del>		
е		1 1				
12 Cubi	total Add columns (b) (d) and (a)	. 4		1 1	20 000	
	total Add columns (b), (d), and (e)	ž 🖟		ું હે	20,096.	
13 Tota	II. Add line 12, columns (b), (d), and (e)	-		_ \cdot \cdo	20,096. 13	20,096
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	alculations.)			13	
13 Tota (See work	II. Add line 12, columns (b), (d), and (e)	alculations.)	nment of Exemp		13	
13 Tota (See work Part XVI Line No.	II. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify call-B Relationship of Activities to the	alculations.) e Accomplish		ot Purpo	oses	20,096
13 Tota (See work Part XVI	II. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify call.  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	alculations.) e Accomplish		ot Purpo	oses	20,096
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Form **990-PF** (2009) ROBERT G. SHAW FAMILY FOUNDATION 35-2205289 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Ye<u>s</u> No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash Х 1a(1) (2) Other assets 1a(2) Х **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) Х (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1 b (3) (3) Rental of facilities, equipment, or other assets Х (4) Reimbursement arrangements 1b (4) (5) Loans or loan guarantees 1b (5) X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule (a) Name of organization (c) Description of relationship (b) Type of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge. PRESIDENT Signature of officer or trustee Date Title Preparer's Identifying number (See Signature in the instrs) Date Preparer's signature Check if Paid self-07/28/10 employed Pre-**GEBERT** MORLEY parer's Firm's name (or yours if self-employed), æ FIN

Form **990-PF** (2009)

IL

60301

Phone no

Üse

Only

BAA

address, and

ZIP code

137

OAK PARK

N OAK PARK AVE STE 201

#### 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, or 990-PF

OMB No 1545-0047

**200**9

Name of the organization		Employer identification number
ROBERT G. SHAW FAMILY FOUN	DATION	35-2205289
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	ated as a private foundation
	327 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Note:</b> Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule. organization can check boxes for both the General Rul	e and a Special Rule See instructions.
General Rule –		
For an organization filing Form 990, 990 contributor. (Complete Parts I and II.)	-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and received f	g Form 990 or 990-EZ, that met the 33-1/3% support t from any one contributor, during the year, a contribution h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
	inization filing Form 990 or 990-EZ, that received from ,000 for use <i>exclusively</i> for religious, charitable, scient als Complete Parts I, II, and III.	
contributions for use exclusively for religions this box is checked, enter here the total of	nization filing Form 990 or 990-EZ, that received from lous, charitable, etc. purposes, but these contributions contributions that were received during the year for an ts unless the <b>General Rule</b> applies to this organization	s did not aggregate to more than \$1,000 If n <i>exclusively</i> religious, charitable, etc.
religious, charitable, etc, contributions of	f \$5,000 or more during the year	<b>►</b> \$
990-PF) but it must answer 'No' on Part IV. I	by the General Rule and/or the Special Rules does no line 2 of their Form 990, or check the box on line H of ling requirements of Schedule B (Form 990, 990-EZ, o	its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Redufor Form 990, 990EZ, or 990-PF.	ction Act Notice, see the Instructions Sc	chedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B	(Form	990	990-F7	or 990-PF)	(2009)	١
ochequie b	r (FOITH	, טככ	35U-EZ,	01 330-66	(2009	,

Page 1

of Part I

Name of organization

ROBERT G. SHAW FAMILY FOUNDATION

Employer identification number 35-2205289

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	BARAT EDUCATION FOUNDATION  P.O. BOX 457  LAKE FOREST IL 60045	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

## Form 990-PF Part II, Lines 6 and 7

#### Receivables

2009

Name	Employer Identification Number
ROBERT G. SHAW FAMILY FOUNDATION	35-2205289
Lender Information	
Loan Receivable Type 4	
Borrower's Name JAMES P. RICHTER	Borrower's Title NONE
Check Box, if Borrower is a Business Relationship of Borrower (other	er loans only) UNRELATED
Repayment Terms ON DEMAND Borrower's S	Security UNSECURED
Purpose of Loan <u>INVESTMENT</u> Description of	of Consideration CASH - 90000
Original Amount 25,000. Beginning Year Balance	90,000. Year End Balance 90,000.
FMV of at Year End 90,000. FMV of Consideration 90,	000.
Allowance for Doubtful Accounts (other loans only)	0.
Date of Note OCTOBER 15,1997 Maturity Date ON DEMAND	Interest Rate VARIABLE
Loan Receivable Type	
Borrower's Name	Borrower's Title
Check Box, if Borrower is a Business Relationship of Borrower (other	er loans only)
Repayment Terms Borrower's S	ecurity
Purpose of Loan Description of	of Consideration
Original Amount Beginning Year Balance	Year End Balance
FMV of at Year End FMV of Consideration	
Allowance for Doubtful Accounts (other loans only)	
Date of Note Maturity Date	Interest Rate
Loan Receivable Type	
Borrower's Name	Borrower's Title
Check Box, if Borrower is a Business Relationship of Borrower (other	r loans only)
Repayment Terms Borrower's S	ecurity
Purpose of Loan Description of	of Consideration
Original Amount Beginning Year Balance	Year End Balance
FMV of at Year End FMV of Consideration	
Allowance for Doubtful Accounts (other loans only)	
Date of Note Maturity Date	Interest Rate
Loan Receivable Type	
Borrower's Name	Borrower's Title
Check Box, if Borrower is a Business Relationship of Borrower (other	r loans only)
Repayment Terms Borrower's S	ecurity
Purpose of Loan Description of	of Consideration
Original Amount Beginning Year Balance	Year End Balance
FMV of at Year End FMV of Consideration	
Allowance for Doubtful Accounts (other loans only)	
Date of Note Maturity Date	Interest Rate

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount	
	contributor			_	
a Paid during the year					
SPECIAL OLYMPICS ILLINOIS				Person or	
605 E. WILLOW STREET				Business	
NORMAL IL 61761		PUBLIC	UNRESTRICTED_	100.	
FAMILY MATTERS				Person or	
7731 N. MARSHFIELD				Business	
CHICAGO IL 60626		PUBLIC	UNRESTRICTED	100.	
AMERICAN CANCER SOCIETY				Person or	
PO BOX 831				Business	
NEWTOWN CT 06470		PUBLIC	UNRESTRICTED	500.	
LAKE FOREST HOSPITAL				Person or	
660 N. WESTMORELAND ROAD				Business	
LAKE FOREST IL 60045		PUBLIC	UNRESTRICTED_	250.	
CONNECTICUT DOWN SYNDROME CONGRESS	<b></b>			Person or	
PO_BOX_1965				Business	
BURLINGTON CT 06013		PUBLIC	UNRESTRICTED	200.	
PADS	<b></b>			Person or	
3001 GREEN BAY ROAD, BLDG #5				Business	
NORTH CHICAGO IL 60064		PUBLIC	UNRESTRICTED	100.	
LAKE FOREST LAKE BLUFF SENIOR CITIZENS F				Person or	
100 E. OLD MILL ROAD		]		Business	
LAKE FOREST IL 60045		PUBLIC	UNRESTRICTED	500.	
LAKE FOREST SYMPHONY				Person or	
50 E. OLD MILL ROAD				Business	
LAKE FOREST IL 60045		PUBLIC	UNRESTRICTED	1,000.	

2,750.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
GEBERT & MORLEY, LLC	TAX PREPARATION	3,264.				

Total

3,264.

### Form **8868** (Bev April 2009)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Ex	xtension, complete	only Part I and check	this box				<b>►</b> 🗓
•	filing for an Additional (Not Auton	-			-			
	lete Part II unless you have already	<del> </del>				d Form	8868.	
Part I	Automatic 3-Month Extension	on of Time. Only	y submit original	(no copies	needed).			
A corporation	required to file Form 990-T and re	questing an automa	tic 6-month extension	n – check this	box and cor	nplete 1	Part I only	. ▶□
All other corp	orations (including 1120-C filers), peturns.	partnerships, REMIC	CS, and trusts must u	se Form 7004	to request a	n exter	sion of time	to file
returns noted the additional Form 990-T.	ing (e-file). Generally, you can elect below (6 months for a corporation (not automatic) 3-month extension instead, you must submit the fully of twww.irs.gov/efile and click on e-file.	required to file Form or (2) you file Form completed and signe	n 990-T). However, y ns 990-BL, 6069, or t ed page 2 (Part II) of	ou cannot file 8870, group re	Form 8868 e	electron	ically if (1) y te or consoli	ou want dated
	Name of Exempt Organization		·····	<del></del>		Employ	er identification	number
Type or								
print	ROBERT G. SHAW FAMILY	Y FOUNDATION				35-2	205289	
File by the due date for	Number, street, and room or suite number If	f a P.O. box, see instruction	ons.					
filing your return. See	P.O. BOX 9							
instructions.	City, town or post office, state, and ZIP code	For a foreign address, se	ee instructions.					
	LAKE FOREST					I	L 6004	5
Check type o	f return to be filed (file a separate	application for each	return):					
Form 990		Form 990-T (corpo	•		Form 472			
Form 990	-BL	· ·	n 401(a) or 408(a) tr	ust)	Form 522			
Form 990	<b>—</b>	Form 990-T (trust of	other than above)		Form 606			
X Form 990	-PF	Form 1041-A			Form 887	0	,	
Telephone If the orga If this is for check this the extension	are in the care of ► ROBERT G  No. ► (847) 295-3777	F, r place of business i ization's four digit G e group, check this b	n the United States, roup Exemption Numbox ▶ ☐ and atta	ber (GEN) ch a list with t	If he names ar	this is i		
	t an automatic 3-month (6 months	•	•	•				
The exte	ug 16 , 20 10 , to file the ension is for the organization's retu		ion return for the org	anization nam	ed above.			
▶ 🎽	calendar year 20 <u>0 9</u> _ or							
▶ [_]	tax year beginning	, 20, and	ending	, <sup>20</sup>	'			
2 If this ta	x year is for less than 12 months,	check reason:	Initial return	Final return	n 🔲 C	hange	ın accounting	period
3a If this ap nonreful	oplication is for Form 990-BL, 990-Indable credits. See instructions	PF, 990-T, 4720, or	6069, enter the tenta	ntive tax, less	any	3a	\$	700.
<b>b</b> If this armade. It	oplication is for Form 990-PF or 99 nclude any prior year overpayment	0-T, enter any refun allowed as a credit	dable credits and est	timated tax pa	yments	3b	\$	0.
c Balance deposit See inst	<b>Due.</b> Subtract line 3b from line 3a with FTD coupon or, if required, by ructions	. Include your paym using EFTPS (Elec	ent with this form, or tronic Federal Tax Pa	, if required, ayment Syster	n).	Зс	\$	700.
Caution. If yo payment instr	u are going to make an electronic fuctions.	fund withdrawal with	this Form 8868, see	Form 8453-E	O and Form			
BAA For Priv	acy Act and Paperwork Reduction	n Act Notice, see ins	tructions.			I	Form <b>8868</b> (F	Rev. 4-2009)