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# Form **990-PF** \*

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

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

		endar year 2009, or tax year beginning		, and ending	· · · · · · · · · · · · · · · · · · ·	
G	Che		Initial Return of a former p	· —		ıl return
		Amended return	Address			<del> </del>
	Use th	10		Α	Employer identification nun	ber
	RS lab			<u>_</u>	36-4055957	
U	therwi print			В	Telephone number (see the	
	or type	e. MONDELLEIN, IL 00000		<u>_</u>	(847) 566-001	
	e Sper structi			C	If exemption application is	
			501(c)(3) exempt private f		<ol> <li>Foreign organizations, chec</li> <li>Foreign organizations meet</li> </ol>	
Н	잍	heck type of organization X Section Section 4947(a)(1) nonexempt charitate		private foundation	here and attach computation	n Lest, check
$\overline{}$	Fa	air market value of all assets at end of year	Accounting method X C		If private foundation status	was terminated
•		rom Part II, column (c), line 16)	Other (specify)	F	under section 507(b)(1)(A) If the foundation is in a 60	
	►Ś	733,952. (Pa	ert I, column (d) must be of		under section 507(b)(1)(B)	
P	art İ	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		Expenses (The total of amounts in	Levnénses ner honks	income	income	for charitable
		columns (b), (c), and (d) may not ned sarily equal the amounts in column (a	es-			purposes (cash basis only)
		(see the instructions)				(cash basis only)
		1 Contributions, gifts, grants, etc, received (att s				
		2 Ck ► X if the foundn is <b>not</b> req to att Sch	В			,
		3 Interest on savings and temporary cash investments			N/A	_
		4 Dividends and interest from securities	9,831.	9,831.		
		5a Gross rents	37002.			
		b Net rental income or (loss)				
	R	6a Net gain/(loss) from sale of assets not on line	10 17,700.			,
	E	b Gross sales price for all assets on line 6a 147, 06	3.	, ,		
		7 Capital gain net income (from Part IV, line 2)		17,700.		
	E N U	8 Net short-term capital gain		<u> </u>		
	Ĕ	9 Income modifications CEIVEI  10a Gross sales less   KECEIVEI		<del></del>		
SCANNED		returns and allowances	28	<u> </u>		
\$		b Less Cost of goods sold goods 1 9 20	9 131	,		
Z		goods sold S NOV 1 9 201 c Gross profit/(loss) (att sch)	l <del>ű</del>			
f		11 Other income (attach schedule)	Gr di			· · · · · · · · · · · · · · · · · · ·
		SEEJSJAVEMENT		0.5.5.4		
_		12 Total. Add lines 1-through 11	13,247.	27,531.		
A0N		<ul><li>13 Compensation of officers, directors, trustees,</li><li>14 Other employee salaries and wages</li></ul>	etc U.	<del> </del>		
~ ~		15 Pension plans, employee benefits		<del></del>		
A A		16a Legal fees (attach schedule) SEE ST	2 9,411.	4,706.	·	4,705.
~	A D M	<b>b</b> Accounting fees (attach sch)	- /	, , , , , , , , , , , , , , , , , , ,		
) 	i i	c Other prof fees (attach sch)				
<b>⇒</b> 6	N	17 Interest	88.	88.		
É	S	18 Taxes (attach schedule)(see instr.) SEE STM	3 2,635.	545.		
4	RA	19 Depreciation (attach				
İ	1	sch) and depletion  20 Occupancy			<del> </del>	
Ġ		21 Travel, conferences, and meetings	220.	220.		220.
4	E	22 Printing and publications				
Ċ	X P E N	23 Other expenses (attach schedule)	11010	11 041		669.
	Ň	SEE STATEMENT		11,241.		003.
	S E	24 Total operating and administrative expenses. Add lines 13 through 2	e 24,264.	16,800.		5,594.
	>	25 Contributions, gifts, grants paid PART				102,000.
		26 Total expenses and disbursemen	ts.			
_		Add lines 24 and 25	126,264.	16,800.		107,594.
		27 Subtract line 26 from line 12:		-		
		a Excess of revenue over expenses and disbursements	-113,017.		[	
		<b>b</b> Net investment income (if negative, enter -0-	<del></del>	10,731.		
		C Adjusted net income (if negative, enter -0-)				
B	AA F	or Privacy Act and Paperwork Reduction	n Act Notice, see the instr	uctions. TEE	A0504L 02/02/10	Form <b>990-PF</b> (2009)

Part	ni l	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year		of year
ran	<u> </u>	Balance Sheets column should be for end-of year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing.	-11,644.	-2,087.	-2,087.
	2	Savings and temporary cash investments .			
	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 disqualified persons (attach schedule) (see the instructions).			
	7	Other notes and loans receivable (attach sch).			
A		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use .			
A S E T	9	Prepaid expenses and deferred charges .			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule) STATEMENT 5. c Investments — corporate bonds (attach schedule)	158,631.	92,255.	92,255.
		Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans		."	
	13	Investments – other (attach schedule) STATEMENT 6	742,051.	643,784.	643,784.
	14	Land, buildings, and equipment basis			
		Less' accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers – see instructions Also, see page 1, item l)	889,038.	733,952.	733,952.
Ļ	17	,			,
À	18	Grants payable .			<b>.</b>
В	19	Deferred revenue .			;
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			}
Ļ	21	Mortgages and other notes payable (attach schedule)			
<u>i</u>	22	Other habilities (describe	23,550.		
E S	23	Total liabilities (add lines 17 through 22)	23,550.	0.	,
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	· · · · · · · · · · · · · · · · · · ·		]
N F	24	Unrestricted .			,
N F E U T N	25	Temporarily restricted			1 :
ח	26	Permanently restricted			1
A B A L A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			1
ĔĨ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund	· · · · · · · · · · · · · · · · · · ·	<del></del>	1
С	29	Retained earnings, accumulated income, endowment, or other funds	865,488.	733,952.	1
O E R S	30	Total net assets or fund balances (see the instructions)	865,488.	733,952.	1
	31	Total liabilities and net assets/fund balances (see the instructions)	889,038.	733,952.	
Part	111	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	I net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must a	gree with	865,488.
		r amount from Part I, line 27a		2	-113,017.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	752,471.
		ases not included in line 2 (itemize)	7	5	18,519.
6	Total	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b),	line 30 <b>6</b>	733,952.

- Tacking	(a) List and describ	e the kind(s) of property sold (e.g., rose, or common stock, 200 shares ML	eal estate,	b) How acq	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
12 51	EE STATEMENT 8			D — Donat	ion		<del></del> -
b	SE STATEMENT O		<del></del>			· · · · · · · · · · · · · · · · · · ·	
d							
	<del>-</del>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	5		(h) Gain or (e) plus (f) m	
а							
b							
С							
d	_						
е							
Co	mplete only for assets show	ring gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Colu	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any		g tha	ain minus column (k an -0-) <b>or</b> Losses (fr	), but not less
a							
b							
С							
d							
е							
<b>2</b> Ca	pital gain net income or (ne	t capital loss) - If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		17,700.
<b>3</b> Ne	t short-term capital gain or	(loss) as defined in sections 1222(5)	and (6).				
lf c	an also enter in Part I lin	e 8, column (c) (see the instructions)	If (loss) enter .0.	1			
in	Part I, line 8	e o, column (c) (see the instructions)			3		0.
Part V	Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investmer	nt Incor	ne		
f 'Yes,'	the foundation does not qua	ction 4942 tax on the distributable an lify under section 4940(e) Do not co in each column for each year, see th	mplete this part		es	Yes 	X No
	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse			(d) Distribution umn (b) divided	
	2008	119,955.	1,019	717			0.117636
	2008	115,250.	1,150				0.117030
	2007	112,500.	1,313			<del>-</del>	0.085641
	2005	134,557.	1,207				0.111394
	2004	170,758.	1,308				0.130455
	2001	1,0,,00.		, 3 12 1		J	0.200.00
2 To	tal of line 1, column (d)				2		0.545297
3 Av	erage distribution ratio for the	ne 5-year base period – divide the to	otal on line 2 by 5, or by the				
nu	mper of years the foundation	n has been in existence if less than 5	o years	}	_3_	<del></del>	0.109059
4 En	ter the net value of nonchar	itable-use assets for 2009 from Part	X, line 5		4		719,170.
5 Mu	Iltiply line 4 by line 3				5_		78,432.
<b>6</b> En	ter 1% of net investment in	come (1% of Part I, line 27b)			6		107.
<b>7</b> Ad	d lines 5 and 6				7		78,539.
<b>8</b> En	ter qualifying distributions fi	rom Part XII, line 4			8_		107,594.
	ine 8 is equal to or greater f rt VI instructions.	han line 7, check the box in Part VI,	line 1b, and complete that pa	art using	a 1%	tax rate See t	ne

and addresses
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Form 990-PF (2009)

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)? If 'Yes,' complete Part XIV

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

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the tax year beginning in 2009?

Form 990-PF (2009)

4b

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

Form **990-PF** (2009)

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Form 990-PF (2009) MACLEAN FOUNDATION	36-4055957 Page	e 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Fand Contractors (continued)	Highly Paid 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 se	ervice (c) Compensation	1
NONE		
		0
Total number of others receiving over \$50,000 for professional services		
PartilX 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 nur organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber of Expenses	
1 <u>N/A</u>		
2		
3		
4		
Partix:B: Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on line  1 N/A	nes 1 and 2. Amount	
2		
		_
All other program-related investments. See instructions.		_
Total. Add lines 1 through 3	•	0.

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see instructions.)	oreign to	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	1a	112,726.
b Average of monthly cash balances	1 b	18,998.
c Fair market value of all other assets (see instructions) .	1 c	598,398.
d Total (add lines 1a, b, and c)	1 d	730,122.
e 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	730,122.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	10,952.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	719,170.
6 Minimum investment return. Enter 5% of line 5.	6	35,959.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and do not complete this part XI ☐ and X		undations
1 Minimum investment return from Part X, line 6	1	35,959.
2a Tax on investment income for 2009 from Part VI, line 5 . 2a 107.		
b Income tax for 2009 (This does not include the tax from Part VI) 2b	]	
c Add lines 2a and 2b	2 c	107.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	35,852.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	35,852.
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	35,852.
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	107,594.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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	3a	
a Suitability test (prior IRS approval required)	3b	
<ul><li>b Cash distribution test (attach the required schedule).</li><li>4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4</li></ul>	4	107,594.
		101,004.
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	107.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,487.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ther the fo	oundation

Form **990-PF** (2009)

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				35,852.
2 Undistributed income, if any, as of the end of 2009:				33,032.
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 105, 461				1
<b>b</b> From 2005 74,712				•
c From 2006 47, 844		1		
d From 2007 58,772				
e From 2008 120,000	405 700			
f Total of lines 3a through e .	406,789.			
4 Qualifying distributions for 2009 from Part				
XII, line 4. ► \$ 107,594.  a Applied to 2008, but not more than line 2a			0.	
• •				
<ul> <li>Applied to undistributed income of prior year (Election required — see instructions)</li> </ul>	S	0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	107,594.			
d Applied to 2009 distributable amount	0.			0.
<ul><li>e Remaining amount distributed out of corpus</li><li>5 Excess distributions carryover applied to 2009</li></ul>	35,852.	,		35,852.
(If an amount appears in column (d), the				33,032.
same amount must be shown in column (a)	)			
6. Enter the net total of each column on		-		,
6 Enter the net total of each column as indicated below:				,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	478,531.			<u> </u>
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed 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.	<del></del>	0.		
e Undistributed income for 2008. Subtract line 4a from		·	0.	1
line 2a Taxable amount — see instructions			<u> </u>	
f Undistributed income for 2009 Subtract lines	s			
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)	0.			
8 Excess distributions carryover from 2004 not				1
applied on line 5 or line 7 (see instructions)	69,609.			<del> </del>
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	408,922.			
10 Analysis of line 9	100,022.			
<b>a</b> Excess from 2005 74,712	.1			
<b>b</b> Excess from 2006 47, 844	<del></del>			
<b>c</b> Excess from 200758,772	=			
<b>d</b> Excess from 2008. 120,000	_			ı
<b>e</b> Excess from 2009 107, 594	.]			
<b>2</b> ΔΔ				Form <b>990-PF</b> (2009)

Form 990-PF (2009) MACLEAN FOUNDATI	ON			36-4055957	
Partix VI Private Operating Foundation					N/A
1 a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling				
<b>b</b> Check box to indicate whether the founda		erating foundation d		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	1,0000	
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				ļ	
c Qualifying distributions from Part XII, line 4 for each year listed					<del></del>
d Amounts included in line 2c not used directly for active conduct of exempt activities		ļ			
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			
(1) Value of all assets		ļ <u>.</u>			
(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					, <u>,,,,</u>
c 'Support' alternative test — enter:					
<ol> <li>Total support other than gross investment income (interest,</li> </ol>		Ì			
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					
Partix Supplementary Information assets at any time during the	(Complete this	part only if the	organization h	ad \$5,000 or mo	re in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have NONE	gers:		total contributions section 507(d)(2).	received by the foun	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the	own 10% or more of foundation has a	of the stock of a cor 10% or greater inter	rporation (or an equest	ually large portion of	the ownership of
NONE					
2 Information Regarding Contribution, Gra	nt, Gift, Loan, Sch	olarship, etc, Progr	ams:		
Check here X if the foundation only requests for funds. If the foundation make	makes contributions	s to preselected cha	aritable organization	ns and does not acce	ept unsolicited ner conditions.
complete items 2a, b, c, and d		·			
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	ed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should incl	ude	
Any or house and address.		<del> </del>		·	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	factors

^₽ã	TXV Supplementary Information (	continued)			
3	Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Payment	t	<del>,</del>
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	substantial contributor	recipient		
	Paid during the year STATEMENT 9		ļ }		
	Total			. ► 3a	102,000
b	Approved for future payment				

Total

**•** 3b

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

	A Analysis of moonie i roughing	1 11		Foot do	Lb 510 510 514	
Enter gross	amounts unless otherwise indicated	(a)	ed business income (b)	(c)	d by section 512, 513, or 514 (d)	(e)
		Business	Amount	Exclu-	Amount	Related or exempt
1 Progr	am service revenue:	code		sion code		function income (see the instructions)
•	an service revenue.	-		0000		(See the mendenens)
		1				<del></del>
			· · · · · · · · · · · · · · · · · · ·			
		1				<del></del>
f						
a Fees	and contracts from government agencies					
	pership dues and assessments			1		
	t on savings and temporary cash investments					
	ends and interest from securities			14	9,831.	
	ental income or (loss) from real estate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The property of the	٠,	Fig. 1. My Park Comment	a profession was to a
	financed property					
	ebt-financed property					
	ital income or (loss) from personal property					-
	investment income		-14,284.			
8 Gain oi	(loss) from sales of assets other than inventory			18	17,700.	
	acome or (loss) from special events					
	profit or (loss) from sales of inventory					
11 Other	revenue		-		r r	
а						
_						
<u> </u>						
	· · · · · · · · · · · · · · · · · · ·					
e						
e	tal Add columns (b), (d), and (e)	4.5 P.	-14,284.	n'. "	27,531.	
e Subto	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)	L	-14,284.	n'. "	27,531. 13	13,247.
e Subto	tal Add columns (b), (d), and (e)	L	-14,284.	15.1° 27.	~	13,247.
e Subto	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)	alculations)			13	13,247.
e Subto 13 Total (See works	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c  Relationship of Activities to the	alculations)	ishment of Exemp	t Purp	oses	
e Subto	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  heet in the instructions for line 13 to verify c	alculations)	ishment of Exemp	t Purp	oses	
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e 12 Subto 13 Total (See works Part XVI-	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c  Relationship of Activities to the	alculations)	ishment of Exemp	t Purp	oses	
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e 12 Subto 13 Total (See works Part XVI- Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c  Relationship of Activities to the	alculations)	ishment of Exemp	t Purp	oses	
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BAA

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

			<u> </u>					<del></del>	- 1 - 7 1		
,	descri relatir	bed in section solution to the section solution section  501(c) of ganizatio	f the Code (otl ons?	igage in any of the fo ner than section 501(i	c)(3) organiza	tions) or in sectio	ition in 527,	The state of the s	Yes	No	
	<b>a</b> Trans	fers from the re	porting f	foundation to a	a noncharitable exem	pt organizatio	n of		Ash		ليضت
	<b>(1)</b> C	ash							1 a (1)		<u>X</u>
	<b>(2)</b> O	ther assets							1a (2)		X
	<b>b</b> Other	transactions:									
	<b>(1)</b> S	ales of assets to	o a nonc	haritable exer	npt organization				1 b (1)		<u>X</u>
	<b>(2)</b> P	urchases of ass	ets from	i a noncharital	ole exempt organizati	on .			1 b (2)		<u>X</u>
	<b>(3)</b> R	ental of facilities	s, equipr	ment, or other	assets			•	1 b (3)		<u>X</u>
	<b>(4)</b> R	eimbursement a	arrangen	nents					1 b (4)		<u>X</u>
	<b>(5)</b> Lo	oans or loan gu	arantees	;					1 b (5)		<u>X</u>
	<b>(6)</b> P	erformance of s	ervices	or membershi	p or fundraising solici	tations	•		1 b (6)		X
	<b>c</b> Sharıı	ng of facilities, (	equipme	nt, mailing list	s, other assets, or pa	aid employees			1c		X
	d If the	answer to any o	of the ab	oove is 'Yes,' o ervices given t	complete the following by the reporting found ow in column (d) the	g schedule Co tation If the fo	olumn (b) should oundation receive	always show the fa d less than fair ma ts. or services rece	ır market valu rket value in ived	ue of	
(z	) Line no	(b) Amount in			noncharitable exempt orga			transfers, transactions, a			<u>.</u>
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		foundation dire ibed in section s,' complete the			ited with, or related to her than section 501(	o, one or more c)(3)) or in se	e tax-exempt orga ction 527?	anızatıons	Yes	X	No
		(a) Name of or			(b) Type of or	rganization		(c) Description of	relationship		
N	/A				1 t						
	Under pena complete	alties of perjury, I den Declaration of prepar	chare that I	have examined thinger taxpayer or fick	s return, including accompar actary) is based on all inform	nying schedules an nation of which pre			and belief, it is true	e, correc	t, and
5	<b></b>		<i>&gt;</i>				11.18.10	<b>`_</b> ►			
3	Sign	ature of officer or tru	stee				Date	Title			
١,		Branavar's	•		. 1.0		Date	Check if	Preparer's Identify See Signature in	ing num	ber rs)
1	Paid	Preparer's signature	WEST	EY NAVIAU	x WY Mit		alulo	self.	N/A		•
Ĭ	Pre- parer's	Firm's name (or	NAVIA				·	EIN ► N/A	<del>-                                    </del>		
	Use	yours if self- employed),		EST JACKS		E 718	<del></del>		<del></del>		
	Only	address, and ZIP code	CHICA		0604-3747		······································	Phone no ► (	312) 461	-087	16
B/	ΔΔ			· · - ·		-	<del>-</del>		Form <b>99</b>		

2009	FEDERAL STATEMENTS	PAGE 1
	MACLEAN FOUNDATION	36-4055957
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME	(A) (B) NET	(C)
OTHER INVESTMENT INCOME	$ \begin{array}{c cccc} & \text{REVENUE} & \text{INVESTMENT} \\ & \text{PER BOOKS} & & \text{INCOME} \\ \\ \hline \text{TOTAL} & & & & & \\ \hline \end{array} $	ADJUSTED NET INCOME .\$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
PROFESSIONAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 9,411. \$ 4,706. \$ 9,411. \$ 4,706.	
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
OTHER TAXES TAX ON NET INVESTMENT INCO	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 2,090. TOTAL \$ 2,635. \$ 545. \$ 545.	
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ADMIN FEE - NORTHERN MANAGEMENT FEE - MID CONTI PORTFOLIO EXPENSES - CMS D PORTFOLIO EXPENSES - CMS M SUPPLIES EXPENSE	DEFENSE 2,558. 2,558.	

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2009	FEDERAL ST	ATEME	NTS			PAGE 2
	MACLEAN FO	DUNDATIO	N			36-405595
STATEMENT 5 FORM 990-PF, PART I INVESTMENTS - COR						
CORPORATE STOCKS		VALUA MET		BOOK VALUE		R MARKET VALUE
NORTHERN TRUST EQ	UITY PORTFOLIO	COST	TOTAL \$	92,255. 92,255.		92,255. 92,255.
STATEMENT 6 FORM 990-PF, PART I INVESTMENTS - OTHI						
			ATION HOD	BOOK VALUE		MARKET ALUE
INVESTMENT IN SAP INVESTMENT IN NAT INVESTMENT IN CMS CMS PROCACCIANTI	OFFSHORE FUND (BONYM) PHIRE VOYAGER FUND LP IONS BLUE CHIP FD (BOA) DEFENSE FUND HOTEL OPPORTUNITY FUND MISTRAL EQTY PTNRS LP	COST COST COST COST COST COST	\$	84,369. 133,106. 209,329. 114,338. 52,046. 50,596.		84,369. 133,106. 209,329. 114,338. 52,046. 50,596.
			TOTAL \$	643,784.	\$	643,784.
STATEMENT 7 FORM 990-PF, PART I OTHER DECREASES	II, LINE 5					
UNREALIZED DEPREC	IATION	·		TOTAL	\$ \$	18,519. 18,519.
STATEMENT 8 FORM 990-PF, PART I CAPITAL GAINS AND	V, LINE 1 LOSSES FOR TAX ON INVESTM	MENT INCO	ME			
3 1000 SHS EBA 4 400 SHS NEUT	TANTÍ HOTEL LT (K-1) AY TRAL TANDEM TVATE BANK GROUP CHE		(B) HOW ACQUIRED PURCHASED PURCHASED PURCHASED PURCHASED PURCHASED PURCHASED PURCHASED PURCHASED	VARI VARI VARI VARI VARI	ED TOUS TOUS TOUS TOUS TOUS	(D) DATE SOLD VARIOU VARIOU VARIOU VARIOU VARIOU VARIOU VARIOU VARIOU

150 SHS APACHE 700 SHS COMCAST 300 SHS ELI LILLY 468 SHS CAREMARK

100 SHS JP MORGAN

50 SHS TALISMAN 750 SHS GE

1000 SHS MFC BLACK ROCK 200 SHS NORTHERN TR GROUP

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## **FEDERAL STATEMENTS**

PAGE 3

#### **MACLEAN FOUNDATION**

36-4055957

# STATEMENT 8 (CONTINUED) FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u> 15 16	100 SHS JO CMS DEFENS	HNSON & JOH	CRIPTION INSON (-1)			(B) <u>ACQUI</u> PURCH PURCH	IRED Z ASED	(C) DATE ACOUIRED VARIOUS VARIOUS	(D) DATE SOLD VARIOUS VARIOUS
ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	(E) GROSS SALES  0. 0. 11,705. 6,404. 19,038. 11,637. 9,977. 16,640. 11,220. 11,163. 4,725. 958. 11,392. 6,066. 16,181.	(F) DEPREC. ALLOWED	(G) COST BASIS 27. 1,336. 13,960. 7,562. 26,204. 4,379. 10,423. 10,644. 4,056. 9,443. 9,030. 3,371. 802. 24,335. 3,791. 0.	(H) GAIN (LOSS)  -271,3362,2551,1587,166. 7,258446687. 12,584. 1,777. 2,133. 1,354. 15612,943. 2,275. 16,181.	_12	(I) FMV /31/69	(J) ADJ. BAS 12/31/6		(L) GAIN (LOSS) \$ -271,3362,2551,1587,166. 7,258446687. 12,584. 1,777. 2,133. 1,354. 15612,943. 2,275. 16,181. \$ 17,700.

#### STATEMENT 9 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ALZHEIMER'S ASSOCIATION 11240 WAPLES MILL RD, STE 402 FAIRFAX, VA 22030	NONE	501 (C) (3)	GENERAL OPERATING FUNDS.	\$ 10,000.
SAN FRANCISCO SYMPHONY DAVIES SYMPHONY HALL SAN FRANCISCO, CA 94102	NONE	501 (C) (3)	EVENT SPONSOR.	10,000.
SAMARITAN MINIS. GREATER WASH. 1516 HAMILTON STREET, N.W. WASHINGTON, DC 20011	NONE	501 (C) (3)	GENERAL OPERATING EXPENSES.	10,000.
JOY OF MUSIC SCHOOL 1209 EUCLID AVE KNOXVILLE, TN 37921	NONE	501 (C) (3)	MUSIC EDUCATION.	5,000.

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## **FEDERAL STATEMENTS**

PAGE 4

**MACLEAN FOUNDATION** 

36-4055957

#### STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
NEWBERRY COUNTY FAMILY YMCA PO BOX 662 NEWBERRY, SC 29108	NONE	501 (C) (3)	COMMUNITY DEVELOPMENT.	\$ 10,000.
FRIENDS OF LITERACY 101 E. FIFTH AVENUE ROOM 217 KNOXVILLE, TN 37917	NONE	501 (C) (3)	LITERACY EDUCATION.	3,000.
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK DR KNOXVILLE, TN 37916	NONE	501 (C) (3)	SUPPORT PUBLIC ARTS INSTITUTION	10,000.
NORTH LAKELAND DISCOVERY CENTER P.O. BOX 237 MANITOWISH WATERS, WI 54545	NONE		TO SUPPORT ENVIRONMENTAL LEARNING AND PRESERVATION.	10,000.
KNOXVILLE SYMPHONY ORCHESTRA 100 S GAY ST # 302 KNOXVILLE, TN 37902	NONE	501 (C) (3)	TO SUPPORT MUSIC EDUCATION IN THE EAST TENNESSEE REGION	8,000.
BOYS FARM 6655 SC HWY 34/121 NEWBERRY, SC 29108	NONE	501 (C) (3)	TO MAKE A DIFFERENCE IN THE LIVES OF BOYS IN NEED BY PROVIDING A HEALTHY, STABLE ENVIRONMENT WHICH HELPS THEM GROW.	5,000.
CHINESE AMERICAN SERVICE LEAGUE 2141 S. TAN COURT CHICAGO, IL 60616	NONE	501 (C) (3)	A SOCIAL SERVICE AGENCY IN THE MIDWEST DEDICATED TO SERVING NEEDS OF CHINESE AMERICANS.	5,000.
WATER EDUCATION FOUNDATION 717 K STREET, SUITE 317 SACRAMENTO, CA 95814	NONE	501 (C) (3)	PROVIDE UNBIASED INFORMATION ABOUT WATER ISSUES.	6,000.
SUMMER SEARCH SILICON VALLEY 500 SANSOME STREET, STE 350 SAN FRANCISCO, CA 94111	NONE	501 (C) (3)	PROVIDE LOW-INCOME STUDENTS WITH OPPORTUNITIES AND SUPPORT.	10,000.
			TOTAL	\$ 102,000.

2009

### **GENERAL ELECTIONS**

PAGE 1

**CLIENT MFN001** 

#### **MACLEAN FOUNDATION**

36-4055957

11/11/10

03 33PM

#### SECTION 49(H)(2) ELECTION AS TO THE TREATMENT OF QUALIFYING DISTRIBUTIONS

PURSUANT TO IRC SECTION 4942(H)(2) AND REGULATION 53.4942(A)-3(D)(2), THE FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

SIGNED:

# Form **8868**

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

Form 8868 (Rev. 4-2009)

If you are	filing for an Automatic 3-Month I	Extension, comple	te only Part I and ch	eck this box.			► [X]
If you are	filing for an Additional (Not Auto	matic) 3-Month Ex	tension, complete o	nly Part II (on pa	age 2 of this f	form).	_
Do not comp	<i>lete Part II uniess</i> you have alread	ly been granted ar	automatic 3-month	extension on a	previously file	ed Form 8868	
Part I	Automatic 3-Month Extens	ion of Time. C	nly submit origin	nal (no copie	s needed)	•	
			,		•		
A corporation	required to file Form 990-T and i	equesting an auto	matic 6-month exten	sion – check th	is box and co	mplete Part I only	► 🗌
All other corp income tax re	orations (including 1120-C filers), eturns	partnerships, REI	MICS, and trusts mus	st use Form 700	4 to request a	an extension of time	to file
returns noted the additional Form 990-T 1	ing (e-file). Generally, you can ele below (6 months for a corporatio (not automatic) 3-month extension instead, you must submit the fully t www.irs gov/efile and click on e	n required to file F on or (2) you file F r completed and si	form 990-Ť) Howeve orms 990-BL, 6069, q gned page 2 (Part II)	r, you cannot fil or 8870, group r	le Form 8868 eturns, or a c	electronically if (1) y composite or consoli	you want idated
_	Name of Exempt Organization	<del></del>		· <u>· · · · · · · · · · · · · · · · · · </u>		Employer identification	number
Type or						'	
print	MACLEAN FOUNDATION					36-4055957	
File by the due date for	Number, street, and room or suite number	If a P O box, see instr	uctions			1	
filing your	1000 ALLANSON ROAD						
return See instructions	City, town or post office, state, and ZIP co-	de For a foreign addres	s, see instructions				
	MUNDELEIN, IL 60060						
Check type of	freturn to be filed (file a separate	application for ea	ch return)				
Form 990	· -	Form 990-T (cor	*		Form 472	20	
Form 990	.BL	<b>⊣</b>	:tion 401(a) or 408(a)	trust)	Form 522	27	
Form 990	-EZ	<b>-</b>	st other than above)	•	Form 606	59	
X Form 990	<u></u>	Form 1041-A	,		Form 887	70	
• The books	s are in the care of ► <u>BARRY</u> <u>M</u>	ACLEAN					
Telephone	No. ► 847.566.0010		FAX No ►				
• If the orga	anization does not have an office	or place of busine	ss in the United State	es, check this b	ox		▶ 🗍
_	or a Group Return, enter the orga	•				this is for the whole	group,
	box F . If it is for part of the						
	sion will cover	•					
1   reques	st an automatic 3-month (6 month	s for a corporation	required to file Form	n 990-T) extens	on of time		
until	8/15 , 20 10 , to file ension is for the organization's re	the exempt organi					
▶ 🗍	calendar year 20 <u>09</u> or tax year beginning	, 20 , a	nd ending	, 20			
	x year is for less than 12 months			_		Change in accounting	g period
	oplication is for Form 990-BL, 990 ndable credits. See instructions	-PF, 990-T, 4720,	or 6069, enter the te	ntative tax, less	any	3a \$	100.
<b>b</b> If this apmade. In	pplication is for Form 990-PF or 9 nclude any prior year overpayme	90-T, enter any re nt allowed as a cre	fundable credits and edit	estimated tax p	ayments	3ь\$	0.
deposit	• <b>Due.</b> Subtract line 3b from line 3 with FTD coupon or, if required, bructions	a. Include your pa by using EFTPS (E	yment with this form lectronic Federal Ta	, or, if required, x Payment Syst	em)	3c \$	100.
Caution. If yo	u are going to make an electronic	fund withdrawal v	with this Form 8868,	see Form 8453-	EO and Form	8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev 4-2009)		_	Page 2			
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box		<b>►</b> X			
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previously filed	Form 8868.				
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1	)					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no	copies nee	ded).			
	Name of Exempt Organization	Employ	yer identification n	umber			
Type or							
print	MACLEAN FOUNDATION	36-	4055957				
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only					
File by the extended							
due date for filing the	1000 ALLANSON ROAD						
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	MUNDELEIN, IL 60060						
Check type	of return to be filed (File a separate application for each return)	·					
Form 99	00 X Form 990-PF	Form 1041-A	☐ Fo	orm 6069			
Form 99	00-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	☐ Fo	orm 8870			
Form 99	O-EZ Form 990-T (trust other than above)	Form 5227					
STOP! Do r	ot complete Part II if you were not already granted an automatic 3-month ext	ension on a previously file	d Form 8868.				
• The boo	ks are in care of ► GENE_PUCEK						
Telepho	ne No ► 847.566.0010 FAX No. ►						
<ul> <li>If the or</li> </ul>	ganization does not have an office or place of business in the United States,	check this box		▶ 🗌			
• If this is	for a Group Return, enter the organization's four digit Group Exemption Num	ber (GEN)	!	f this is for the			
whole group	o, check this box $ ightharpoonup$ . If it is for part of the group, check this box $ ightharpoonup$	and attach a list with the	names and Eli	Ns of all			
members th	e extension is for						
4 I requ	est an additional 3-month extension of time until 11/15 , 20	1 <u>0</u> .					
5 For ca	lendar year 2009, or other tax year beginning, 20	, and ending	,	20			
6 If this	tax year is for less than 12 months, check reason Initial return		hange in accou	• .			
7 State	in detail why you need the extension TAXPAYER RESPECTFULLY			I TO			
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND	ACCURATE TAX RE	TURN.				
				····			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	tive tax, less any	1.				
nonre	fundable credits. See instructions		8a \$	20.			
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable or						
	ints made. Include any prior year overpayment allowed as a credit and any a orm 8868	mount palu previously	8b \$	200.			
	ce Due. Subtract line 8b from line 8a Include your payment with this form, or	if required, deposit					
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		8c \$	0.			
	Signature and Verification	n					
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and stateme implete, and that I am authorized to prepare this form	nts, and to the best of my knowled	ige and belief, it is	true,			
SS. real, and Co	IN La Y C'C		_	8/12/18			
Signature -	Way 1 and Title	. ,	Date >	0111.0			
	1						
BAA	FIFZ0502L 03/11/09		Form 88	368 (Rev 4-2009)			

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