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Form 990-PF

Department of the Treasury

G Check all that apply:

For calendar year 2009, or tax year beginning

Initial return

Internal Revenue Service

Return of Private Foundation

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

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

Initial return of a former public charity

and ending

OMB No 1545-0052 2009

Final return

Amended return Address change Name change A Employer identification number Name of foundation Use the IRS CLINGEN FOUNDATION, LTD. label. C/O BRIAN CLINGEN 36-4200766 Otherwise. print Number and street (or P O box number if mail is not delivered to street address) B Telephone number or type. 5101 DARMSTADT ROAD (630)368-3700 See Specific City of town, state, and ZIP code C If exemption application is pending, check here Instructions. HILLSIDE, IL 60162 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) ▶\$ 17,684 under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 325,000. N/A Contributions, gifts, grants, etc., received 2 Check I If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 391 391 STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all Capifacine inchity to Dart IV 0 Net-short-term capital gain Income modifications Gross stood less retifies (0) 0 325,391 391 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 0. 175 0 16a Legal fees STMT 2 0. STMT 3 1,850 925. **b** Accounting fees 95 95 0. STMT c Other professional fees Administrative 17 Interest 0. STMT 5 46 0 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative <u>2,166</u> 1,020 0. expenses. Add lines 13 through 23 293,000 293,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 020 295,166 293,000. Add lines 24 and 25 27 Subtract line 26 from line 12: 30,225 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Form	990-PF	(2009)

C/O BRIAN CLINGEN

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Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments		17,684.	17,684.
3	Accounts receivable -			
1	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			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts ▶			• •
8	Inventories for sale or use			
	Prepaid expenses and deferred charges			
100	Investments - U.S. and state government obligations			
	Investments - corporate stock			
1	·			
1	Investments - corporate bonds			
11				
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	· · · · · · · · · · · · · · · · · · ·			
1	Less accumulated depreciation			
15	Other assets (describe			
16	Total assets (to be completed by all filers)	0.	17,684.	17,684
17	Accounts payable and accrued expenses		<u></u>	
18	Grants payable			
19	Deferred revenue			
20 21	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			
22	Other liabilities (describe ► CASH IN EXCESS)	12,477.	0.	
1				
23	Total liabilities (add lines 17 through 22)	12,477.	0.	
1	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24 25 26	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
20	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	0.	0.	
21		0.	0.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
27 28 29 30	Retained earnings, accumulated income, endowment, or other funds	<12,477.>	17,684.	
30	Total net assets or fund balances	<12,477.>	17,684.	
			15 604	
31	Total liabilities and net assets/fund balances	0.	17,684.	
art	III Analysis of Changes in Net Assets or Fund Ba	alances		
				
	I net assets or fund balances at beginning of year - Part II, column (a), line 3	ou .		.10 488
	st agree with end-of-year figure reported on prior year's return)		. 1	<12,477
	r amount from Part I, line 27a		2	30,225
	r increases not included in line 2 (itemize)		3	0
	lines 1, 2, and 3		4	17,748
	eases not included in line 2 (itemize) PRIOR YEAR BOOF			64
Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	<u>17,684</u> .
		·		Form 990-PF (200

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		property sold (e.g., non stock, 200 shs.			(b) D	How acquired - Purchase - Donation		acquired ay, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>					<u> </u>				
b NC	NE				<u> </u>			_	
<u> </u>					ļ			_	_
d									
<u>e</u>	,				<u> </u>	1			<u> </u>
(e) Gross sales price	(f) Deprecia (or allo	tion allowed owable)		st or other basis expense of sale				ain or (loss) s (f) minus (
<u>a</u>									
<u>b</u>									
<u>C</u>									
<u>d</u>									
<u>e</u>	1								
Complete only for assets showi				_				ol. (h) gain	
(i) F.M.V. as of 12/31/69		ted basis 2/31/69		cess of col. (1) col. (j), if any		CO	Losses	not less than (from col. (h))
8									
b									
C									
d									
e									
P Capital gain net income or (net c	apital loss) {	if gain, also enter if (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2			
Net short-term capital gain or (lo	`	•				1			
If gain, also enter in Part I, line 8		55115115 TEEE(5) 4115	, (0).		1				
If (loss), enter -0- in Part I, line 8	}				<u></u>	3			
Part V Qualification U	Jnder Sectio	n 4940(e) for	Reduced	l Tax on Net	Inv	estment Inc	ome		
Vas the foundation liable for the sec i "Yes," the foundation does not qua Enter the appropriate amount in	alify under section	4940(e). Do not con	nplete this pa	ırt.					Yes X No
(a) Base period years	Adm	(b) sted qualifying distr		, , , , , , , , , , , , , , , , , , , 	(c)	ritable-use assets	1		(d) ution ratio
Calendar year (or tax year beginn 2008	110 111)		5,204.			6,620			ided by col. (c)) 40.061027
2007			5, <u>204.</u> 5,597.			76,835			3.860183
2006			L,246.			654,841			1.269386
2005			9,769.		1	,060,610			.320352
2004			1,374.			,373,630			.192464
2004		209	<u> </u>			, 3 / 3 , 0 3 0	' • 		.17240
? Total of line 1, column (d)					ė		2		45.703410
3 Average distribution ratio for the the foundation has been in existe			n line 2 by 5,	or by the number	ot ye	ars	3		9.140682
									•
4 Enter the net value of noncharita	ble-use assets for	2009 from Part X, III	ne 5				4		1,650.
Multiply line 4 by line 3							5		15,082
Enter 1% of net investment inco	me (1% of Part I, Iı	ne 27b)					6		0.
Add lines 5 and 6							7		15,082
B Enter qualifying distributions from	m Part XII, line 4						8		293,000
If line 8 is equal to or greater tha See the Part VI instructions.		box in Part VI, line 1	ib, and comp	lete that part usin	g a 19	% tax rate.	<u> </u>		
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CLINGEN FOUNDATION, LTD. Form 990-PF (2009) C/O BRIAN CLINGEN 36-4200766 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here ___ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, coi. (b) 0. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 3 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6Ь c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 64 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty 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 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded > Part VII-A Statements Regarding Activities Yes No 1a 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? b Did it spend more than \$100 during the year (entirer directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year; 0. (2) On foundation managers. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? X 2 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 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 48 N/A 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? 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 conflict with the state law remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? X If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ILb If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 86 9 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

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

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?

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0

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

Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
	-4-414	
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard or organizations and other beneficiaries served, conferences convened, research papers p		Expenses
	71000000, 610.	
1 N/A		
2		<u> </u>
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 <u>N/A</u>		
		<u>-</u> -
2		
All other program-related investments. See instructions.		
3		
	<u>-</u> -	
Total. Add lines 1 through 3		0 . Form 990-PF (2009)

Form 990-PF (2009) C/O BRIAN CLINGEN 36-4200766 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 b Average of monthly cash balances 1b c Fair market value of all other assets 1c 1,675. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 1,675. 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 650. 5 Minimum investment return. Enter 5% of line 5 83. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) Minimum investment return from Part X, line 6 83. 2a 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.)

Part XII Qualifying Distributions (see instructions)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Distributable amount before adjustments. Subtract line 2c from line 1

Recoveries of amounts treated as qualifying distributions

Deduction from distributable amount (see instructions)

4940(e) reduction of tax in those years.

c Add lines 2a and 2b

Add lines 3 and 4

-	F (, F , F , F , F , F , F , F , F , F , F , F , F ,	1 . 1	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	293,000.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	293,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	293,000.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the fo	undation qualifies for the	e section

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83.

83.

83.

0.

0.

2c

3

5

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				83.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		^
3 Excess distributions carryover, if any, to 2009:			•	
a From 2004 196,694.				
b From 2005 287,900.				,
c From 2006 799,912.				
d From 2007 293,061.				
e From 2008 264,965.	1 040 500			-
f Total of lines 3a through e	1,842,532.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 293,000.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		1
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			*
d Applied to 2009 distributable amount		440 4 5 40 40 40 40		83.
e Remaining amount distributed out of corpus	292,917.			03.
5 Excess distributions carryover applied to 2009	0.		· · · · · · · · · · · · · · · · · · ·	0.
(if an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			; :
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,135,449.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				ı.
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010	<u> </u>			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0		•	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	106 604			
not applied on line 5 or line 7	196,694.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,938,755.			
10 Analysis of line 9:	1,330,133.			. <u> </u>
a Excess from 2005				
b Excess from 2006 799, 912.				
c Excess from 2007 293, 061.				į
d Excess from 2008 264, 965.			ŀ	•
e Excess from 2009 292, 917.				
	<u> </u>			F 000 DE (0000)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Part XV	Supplementary Information	(continued)			
3 Grants	and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Nar	ne and address (home or business)	or substantial contributor	recipient	- Contribution	
a Paid o	SEE STATEMENT 6	or substantial contributor	recipient		
Total				► 3a	293,000.
b Appro	NONE				0.
Total				> 3b	0.
923811 02-02-	10			Fr	orm 990-PF (2009)

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

		I Inrelated I	ousiness income	Evaluded	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.		(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program serv		code	7,11100111	code	Amount	
		-				
		-				
						
_						
ř ——		-				
• —	ontracts from government agencies	-		†		
_	lues and assessments			 		
	vings and temporary cash	<u> </u>		1 1		
investments	, mgo and tomporary coon					
	interest from securities			14	391.	
5 Net rental inco	ome or (loss) from real estate:					
a Debt-finan						
	nanced property					
	ome or (loss) from personal					
property	, , , , , , , , , , , , , , , , , , , ,					
7 Other investm	ent income					
8 Gain or (loss)	from sales of assets other					
than inventory						
9 Net income or	(loss) from special events					
10 Gross profit o	r (loss) from sales of inventory					
11 Other revenue	:					
a						
b		_				
		I I				
d		_				
e		_				
12 Subtotal. Add	columns (b), (d), and (e)		0.		391.	
13 Total. Add lin	e 12, columns (b), (d), and (e)				13	391.
(See worksheet in	line 13 instructions to verify calculations.)		*****			
Part XVI-B	Relationship of Activities	to the Accom	polishment of Ex	cempt P	urposes	
	· · · · · · · · · · · · · · · · · · ·					
	xplain below how each activity for which inc			contribute	d importantly to the accomp	plishment of
V th	ne foundation's exempt purposes (other tha	n by providing fund:	s for such purposes).			
			 			
						
						
						
						
						
						 -
						
					·	
						

923621 02-02-10

	art X		RIAN CLINGEN	and Transactions o	nd Relationships With Nonch			ige 13
<u>. </u>	<u> </u>	Exempt Organ		and transactions a	nd Relationships with Nonch	iaritable	9	
1	Did th	ne organization directly or indi	rectly engage in any of the follow	ing with any other organizatio	n described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in section 5	527, relating to political organi	izations?		i .	
8	Trans	fers from the reporting found	ation to a noncharitable exempt o	rganization of:				
	(1) (Cash				1a(1)		X
	(2)	Other assets				1a(2)		X
Ь	Other	transactions:				ŀ		
	٠,	Sales of assets to a noncharita	· •			1b(1)		X
	٠,		ncharitable exempt organization			1b(2)	-	X
	٠.	Rental of facilities, equipment,				1b(3)		X
	٠,	Reimbursement arrangements				1b(4)	_	X
		oans or loan guarantees				1b(5)	_	X
	٠,		embership or fundraising solicitati			1b(6)	-	X
			uling lists, other assets, or paid er	• •		_ <u>1c</u>		X
đ				• •	ways show the fair market value of the goods		sets,	
					e in any transaction or sharing arrangement	t, snow in		
<u>/^\</u>		(b) Amount involved	other assets, or services received (c) Name of noncharitab		(4) 2			4.
(0)	Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	ie exempt organization	(d) Description of transfers, transactions, a	na snaring ar	rangeme	nts
			N/A					
_								
_							,	
_					+			
_	-						-	
_								
_								
_								
_								
_								
28	Is the	foundation directly or indirec	tly affiliated with, or related to, on	e or more tax-exempt organiz	zations described			
			r than section 501(c)(3)) or in sec			Yes	X	No
b		s," complete the following sch						
		(a) Name of org		(b) Type of organization	(c) Description of relation	nship		
		N/A						
			nave examined this return, including acc or than taxpayer or fiduciary) is based or		ents, and to the best of my knowledge and belief, it has any knowledge	is true, corre	ct,	
	<u></u>	11-11-5		the hands of the same of the s	• .			
8	X	IN Why	<u> </u>	×11-12-10	X Mod			
Sign Here	S	gnature of officer or trustee		Date	Ittle			
<u>F</u>	o -	Preparer's			self	arer's identif	ying nun	1Der
ซี	aid arer's Only	signature MARK	J. BLUMENTHAL		0/15/10 employed ▶			
	Paid Preparer Use Onl		KMAN KALLICK, I		EIN ►			
	ξž	if self-employed), address, and ZIP code	RIVERSIDE PLA			21 20	7 4	0.4.0
			AUGUL HILLINGES (nunun	Phone no (33	2 i 20	7 - 1	1141

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

Name of the organization		Employer identification number
	LINGEN FOUNDATION, LTD. /O BRIAN CLINGEN	36-4200766
Organization type (check		<u> </u>
Filers of:	Section:	•
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	is covered by the General Rul e or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n plete Parts I and II	noney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	_
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contoutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not ((c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contuse exclusively for religious, charitable, etc., purposes, but these contributions did not a cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ole, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. rely religious, chantable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line iling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	· · ·
LHA For Privacy Act and for Form 990, 990-E		B (Form 990, 990-EZ, or 990-PF) (2009)

2220	1 ~	1 -
⊃age	⊥ of	10

Name of organization CLINGEN FOUNDATION, LTD. Employer identification number

C/O BRIAN CLINGEN

36-4200766

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIAN CLINGEN 5101 DARMSTADT ROAD HILLSIDE, IL 60162	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(<u>a)</u> No.	(<u>h)</u> Name, address, and ZIP + 4	(c) Aggregate contributions	(설) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
923452 02-0	1-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2009)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
OTHER INCOME - CSFB	•		391.		0.	3	91.
TOTAL TO FM 990-PF, PART I, L	.N 4		391.		0.	3	91.
FORM 990-PF		LEGAL	FEES			STATEMENT	2
DESCRIPTION	EXPE			EST-		CHARITA	
LEGAL FEES		175.	. <u></u>	0.			0.
TO FM 990-PF, PG 1, LN 16A =		175.		0.			0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET INV	EST-	(C) ADJUSTED NET INCOM	CHARITA	
ACCOUNTING AND TAX		1,850.		925.			0.
TO FORM 990-PF, PG 1, LN 16B		1,850.		925.			0.
FORM 990-PF 0	THER	PROFES	SIONAL F	EES		STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
BANK FEES		95.		95.			0.
TO FORM 990-PF, PG 1, LN 16C		95.		95.			0.

FORM 990-PF	TAX	ES	<u> </u>	STATEMENT 5
DESCRIPTION		(A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME		
EXCISE TAXES	46.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	46.	0.		0.
	NTS AND CON AID DURING		\$	STATEMENT 6
RECIPIENT NAME AND ADDRESS		IENT RELATIONS PURPOSE OF GRA		
CATHOLIC CHARITIES 721 N LASALLE CHICAGO, IL 60	NONE 614 GENERA	L FUND	501(C)(100,000.
AMERICAN DIABETES FOUNDATION 30 N MICHIGAN AVE CHICAGO, I 60602		L FUND	501(C)(3	3) 1,000.
FAMILY SHELTER SERVICES 605 E ROOSEVELT RD WHEATON, 60187	NONE IL GENERA	L FUND	501(C)(3	3) 250.
YOUNG LIFE PO BOX 520 COLORADO SPRINGS CO 80901	NONE , GENERA	L FUND	501(C)(3	3) 1,500.
JDRF 500 N DEARBORN CHICAGO, IL 60654	NONE RESEAR	СН	501(C)(3	3) 10,000.
AMERICAN PRAIRIE FOUNDATION PO BOX 908 BOZEMAN, MT 5977	NONE 1 GENERA	L FUND	501(C)(3	3) 25,000.

CLINGEN FOUNDATION, LTD. C/O BR	IAN CLING		36-4200766
COMMUNITIES IN SCHOOL 815 WEST VAN BUREN CHICAGO, IL 60607	NONE GENERAL FUND	501(C)(3)	2,000.
NCO YOUTH AND FAMILY SERVICES 1305 W OSWEGO RD NAPERVILLE, IL 50540		501(C)(3)	500.
MERCY HOME FOR BOYS AND GIRLS 1140 W. JACKSON BOULEVARD CHICAGO, IL 60607	NONE YOUTH & FAMILY SUPPORT	501(C)(3)	50,000.
MONTINI CATHOLIC HIGH SCHOOL 19W070 16TH STREET LOMBARD, IL 60514		501(C)(3)	750.
NOTRE DAME CHURCH 64 NORFOLK AVE CLARENDON HILLS, IL 60514	NONE GENERAL FUND	501(C)(3)	10,000.
OLD ST. PATRICK'S CHURCH 700 W ADAMS CHICAGO, IL 60661	NONE GENERAL FUND	501(C)(3)	10,000
PMC-JIMMY FUND L7 PARKS CROSSING PITTSFORD, NY L4534	NONE RESEARCH	501(C)(3)	5,000
ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO, TX 782288503	NONE EDUCATION	501(C)(3)	1,000
THE NIGHT MINISTRY 4711 N. RAVENSWOOD AVE CHICAGO, IL 60640	NONE GENERAL FUND	501(C)(3)	1,000
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	NONE EDUCATION	501(C)(3)	50,000

,CLINGEN FOUNDATION, LTD. C/O BRIAN CLING

36-4200766

UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN PRESIDENTS CIRCLE FUND

NONE

501(C)(3)

25,000.

46556

TOTAL TO FORM 990-PF, PART XV, LINE 3A

293,000.

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

Form 8868 (Rev. 4-2009)

■ If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
,	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Do not co	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ed Fo	m 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I only	· · ·		▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Time tax returns.	exten	sion of time
noted belo not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification numbe
orint	CLINGEN FOUNDATION, LTD.		
ile by the	C/O BRIAN CLINGEN	3	6-4200766
due date for iling your	Number, street, and room or suite no. If a P.O. box, see instructions. 5101 DARMSTADT ROAD		
eturn See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HILLSIDE, IL 60162		
Check ty	pe of return to be filed (file a separate application for each return).		
☐ For	m 990 Form 990-T (corporation) Form 47	20	
	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
_	m 990-EZ Form 990-T (trust other than above) Form 60		
_	m 990-PF		
	KENNETH W. CLINGEN		
	oks are in the care of > 2100 MANCHESTER RD WHEATON, IL 60187		
The bo			
	one No. ► 630-871-2600 FAX No ►		
Teleph	one No. ► 630-871-2600 FAX No ►		. •
Teleph If the o	<u> </u>	s is foi	r the whole group, check the
Teleph If the o	rganization does not have an office or place of business in the United States, check this box		
Teleph If the o If this is oox If the o	riganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until	memb	ers the extension will cover.
Teleph If the o If this is	If the group Return, enter the organization's four digit Group Exemption Number (GEN) If the group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untaugust 15, 2010, to file the exempt organization return for the organization named a	memb	ers the extension will cover.
Teleph If the o If this is DOX If this is If thi	riganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a port the organization's return for:	memb	ers the extension will cover.
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Teleph If the o If this is nox 1	reganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 to file the exempt organization return for the organization named a part the organization's return for: Calendar year 2009 or tax year beginning ns tax year is for less than 12 months, check reason: Initial return Final return responded to Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits.	il bove.	ers the extension will cover. The extension
Teleph If the o If this is oox If the o If this is oox If the If the o If the oon If t	arganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for a Group Return, enter the organization's found attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto a file and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto a file and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto a file and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto a file and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto a file and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest and attach a list with the names and EINs of all guest an	memb iil bove.	The extension Change in accounting pend
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Teleph If the o If this is oox If this is oox If this is is fo If this If this is If t	If the state of the group, check this box sort a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the state of the group, check this box sort an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-mont	memb iil bove.	The extension Change in accounting pend

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)		Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box 	<	ightharpoons
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed I		3868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 		
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).
Name of Exempt Organization	Empl	oyer identification number
Type or CLINGEN FOUNDATION, LTD.		
C/O BRIAN CLINGEN	3	<u>6-4200766</u>
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions	For IF	S use only
due date for filing the 5101 DARMSTADT ROAD		
return See City, town or post office, state, and ZIP code For a foreign address, see instructions		
HILLSIDE, IL 60162	_	
Check type of return to be filed (File a separate application for each return)	_	
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	== `	rm 5227 Form 8870
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly file	d Form 8868.
KENNETH W. CLINGEN		
• The books are in the care of > 2100 MANCHESTER RD WHEATON, IL 60187		
Telephone No ► 630 - 871 - 2600 FAX No ►		
If the organization does not have an office or place of business in the United States, check this box		▶ □
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is foi	the whole group, check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all it		
4 request an additional 3-month extension of urne until NOVEMBER 15, 2010		
5 For calendar year 2009, or other tax year beginning, and ending		
6 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
7 State in detail why you need the extension		
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCUR	ATE	RETURN IS NOT
YET AVAILABLE.		
8a 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	8a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
tax payments made Include any prior year overpayment allowed as a credit and any amount paid		
previously with Form 8868	8b	s <u>0.</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s0.
Signature and Verification		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	e best o	f my knowledge and belief,
it is true, correct, and complete, and that I am authorized to prepare this form.		81/1
Signature ► Title ► CPA	Date	8/10/10
·		Form 8868 (Rev. 4-2009)

923832 05-26-09