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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 ar beginning 2009, and ending

For calendar year 2009, or tax year beginning , 2009, and ending ,								
G Check all that apply Initial return Initial Return of a former public charity Final return								
	Amended return	Add	dress c	hange	Nam	ne c	hange	
Use th	he					Α	Employer identification nu	mber
IRS lab		ON			ļ		75-3032776	
print	CHICAGO II 60610					В	Telephone number (see the	instructions)
or typ See Spe	e.				ŀ	С	If exemption application is	nonding shock horo
Instructi							1 Foreign organizations, che	
H C	heck type of organization Section 501	(c)(3) exempt pr	ıvate fo	oundation	┪		2 Foreign organizations mee	
Ī	Section 4947(a)(1) nonexempt charitable tr				on		here and attach computati	on P
		ounting method	X Ca	ish Accru	ıal	Ε	If private foundation statu under section 507(b)(1)(A	s was terminated), check here.
•		Other (specify)			-4	F	If the foundation is in a 60)-month termination
P \$	022/220	column (d) must	t be on	cash basis)			under section 507(b)(1)(B), check here
Part I	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue a		(b) Net invest		nt	(c) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces	expenses per b	ooks	income			income	for charitable purposes
	sarily equal the amounts in column (a) (see the instructions))							(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	57,5	500.					,
	2 Ck ► if the foundn is not req to att Sch B							
	3 Interest on savings and temporary cash investments	2 5	791.	2	, 79	1	2,791.] ,
	4 Dividends and interest from securities	۷, ۱	/ 51 .	۷,	, 13	<u> </u>	2,191.	,
	5a Gross rents							
	b Net rental income or (loss)							
R	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all	2,	724.				1	<u> </u>
E V	assets on line 6a				,72	1		-
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			۷,	, 12	4.		
U	9 Income modifications							
Ε	10 a Gross sales less returns and							
	allowances b Less Cost of							,
	goods sold							1
	c Gross profit/(loss) (att sch) 11 Other income (attach schedule)		-					
2010	See Statement 1	-21,7	706.	-21,	,70	6.		
	12 Total. Add lines 1 through 11	41,3	309.	-16,			2,791.	
Z.	13 Compensation of officers, directors, trustees, etc		0.					
(4)	14 Other employee salaries and wages 15 Pension plans, employee benefits	····		····				
AUG	16a Legal fees (attach schedule)						<u></u>	
M	b Accounting fees (attach sch)	····				_		1
	c Other prof fees (attach sch)					T	RECEIVE	T 1
	17 Interest					Ţ	, T	100
OSCOMNICO NAMED	18 Taxes (attach schedule)(see instr.)	· · · -				F	الله الله الله الله الله الله الله الله	
3 4	19 Depreciation (attach sch) and depletion					١		SE
74 Y	20 Occupancy					Ţ		
	21 Travel, conferences, and meetings					1	OGDEN. L	
A E N X D P	22 Printing and publications 23 Other expenses (attach schedule)							
E	See Statement 2	4	130.					
S	24 Total operating and administrative	**						
Š	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid Part XV		130.					15 000
	25 Contributions, gifts, grants paid Part XV 26 Total expenses and disbursements.	15,0	100.					15,000.
	Add lines 24 and 25	15,4	130.			0.	0.	15,000.
	27 Subtract line 26 from line 12:		-					
	a Excess of revenue over expenses and disbursements	25,8	379.					
	b Net investment income (if negative, enter -0-).	20,0				0.		-
	C Adjusted net income (if negative, enter 0)						2,791.	

- Orm 990. DE	(2009)	THE	DRAKE	FAMILY.	FOUNDATION
- 14-066 11110	(2009)	TUD	DIVIVE	LWMIT	LOUNDALTOR

75-3032776 End of year

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Part	11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		i year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	14,424.	9,313.	9,313.
	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				
A	'	Less allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
Ś	10	a Investments – U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)			_
	١.	c Investments — corporate bonds (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12				
	13	5 5	281,915.	312,905.	312,905.
	14	· · · · · · · · · · · · · · · · · · ·	20273201	012/3001	015/3001
		Less' accumulated depreciation (attach schedule)		-	
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers — see instructions Also, see page 1, item I)	296,339.	322,218.	322,218.
Ļ	17	Accounts payable and accrued expenses			,
Ā	18	• *			
В	19				
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons		<u>.</u>	
Ŧ	21	Mortgages and other notes payable (attach schedule)			
į	22	Other liabilities (describe			
E S	23	, , , , , , , , , , , , , , , , , , , ,	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			
TN	25	Temporarily restricted			
D	26	· · · · · · · · · · · · · · · · · · ·			i
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			1
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	296,339.	322,218.	
RS	30	Total net assets or fund balances (see the instructions)	296,339.	322,218.	
	31	Total liabilities and net assets/fund balances (see the instructions)	296,339.	322,218.	
Part	: 111	Analysis of Changes in Net Assets or Fund Balance	es	<u> </u>	
		il net assets or fund balances at beginning of year - Part II, colu	_	gree with	
•	end-	of-year figure reported on prior year's return)	inin (a), inic 50 (mast a	1	296, 339.
2	Ente	er amount from Part I, line 27a		2	25,879.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	322,218.
5		eases not included in line 2 (itemize)		5	000000
<u> 6 </u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	 Part II, column (b), I 	ine 30 6	322,218.

(a) List and desc 2-story brick wareh	cribe the kind(s) of property sold (e.g , r nouse, or common stock, 200 shares MI	real estate, LC Company)	(b) How acq P — Purch D — Donat	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a			D Donat	10.1		
b						-
c				1		
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
_ a						
b						
С						
d						
е					· · · · · · · · · · · · · · · · · · ·	
	howing gain in column (h) and owned b	y the foundation on 12/31/6	9		(I) Gains (Colu	
(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 a			ain minus column (k n -0-) or Losses (fr	
а						
b						
С						
d						
e						
2 Capital gain net income or	(net capital loss) — If gain, also	enter in Part I, line 7 iter -0- in Part I, line 7	-	2		2,724
3 Net short-term capital gain	or (loss) as defined in sections 1222(5)	and (6):				
If gain, also enter in Part I, in Part I, line 8	line 8, column (c) (see the instructions) If (loss), enter -0-	-	3		
Part V Qualification Un	der Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor	ne		
f 'Yes,' the foundation does not o	section 4942 tax on the distributable ar qualify under section 4940(e). Do not co ant in each column for each year; see th	emplete this part	·	<u> </u>	Yes	☐ No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable use as			(d) Distribution imn (b) divided	
2008						
2008	-					
2007			+			
2005		 				
2004			<u> </u>			· ·
				T		
2 Total of line 1, column (d)				2		
	or the 5-year base period — divide the to		. [3		
4 Enter the net value of nonc	harıtable-use assets for 2009 from Part	X, line 5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment	t income (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		
8 Enter qualifying distribution	s from Part XII, line 4			8		
If line 8 is equal to or greate Part VI instructions	er than line 7, check the box in Part VI,	line 1b, and complete that	part using a	a 1%	tax rate. See th	ne

	132//6		۲	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	e instruc	tions)		
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			0.
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			<u>0.</u>
3 Add lines 1 and 2	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6 Credits/Payments				
a 2009 estimated tax pmts and 2008 overpayment credited to 2009				
b Exempt foreign organizations — tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868).				
d Backup withholding erroneously withheld				
7 Total credits and payments. Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	9			0.
	10			
	11			
Part VII-A Statements Regarding Activities	-		V	l Na
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?		1a	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)?		1ь		x
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publicated by the foundation in correction with the activities.	ished			
or distributed by the foundation in connection with the activities		1.	~-	
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1c		X
(1) On the foundation ►\$ 0. (2) On foundation managers ►\$	0.			ŀ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	1	i		İ
foundation managers. \$ 0.				
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 of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		х
4a 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?		4ь	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
If 'Yes,' attach the statement required by General Instruction T		i		
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 con with the state law remain in the governing instrument? 	iflict	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	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions).				
IL				
b 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 .		8ь	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete it	942(j)(5) Part XIV	9		Х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nai	mes	10		Х

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charitable purposes?

the tax year beginning in 2009?

determine if the foundation had excess business holdings in 2009)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could geopardize its charitable purpose that had not been removed from jeopardy before the first day of

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3ь

4 a

N/A

Х

Part VII-B Statements Regarding Activiti	<u>ies for Which Form</u>	<u>1 4720 May Be Req</u> i	uired (continued	<u>1)</u>		
5a During the year did the foundation pay or incu	ir any amount to:		_	_		
(1) Carry on propaganda, or otherwise attempt			Yes	X No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			X No		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes? .	Yes	X No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instru	rganization described uctions)	Yes	X No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exception disaster assistance	tions		5 b	N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	•			
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes	No		
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d).				
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes	XNo		_
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?		6b	X
7a At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	ction? Yes	XNo		
b If yes, did the foundation receive any proceed					7b	N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	ers, Highly Paid	d Empl	oyees	,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions t employee benefit plans and deferre compensation	t ot	Expense ther allo	e account, wances
PETER F. DRAKE 550 NORTH KINGSBURY, #608 CHICAGO, IL 60610	President 0	0.	0			0.
PETER F. DRAKE	Director	0.	0			0.
550 NORTH KINGSBURY, #608 CHICAGO, IL 60610	0					
			-			
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1— see in	structions). If none	, enter '	NONE.	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferrence compensation	t ot	Expense ther allo	account, wances
None						
Total number of other employees paid over \$50,000)			•		0
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Form 990-PF (2009) THE DRAKE FAMILY FOUNDATION

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Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign for	ındatıons,
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	312,905.
b Average of monthly cash balances	1ь	17,354.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	330,259.
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	330,259.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,954.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	325,305.
6 Minimum investment return. Enter 5% of line 5	6	16,265.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope		ndations
and certain foreign organizations check here ► and do not complete this p	art.)	
1 Minimum investment return from Part X, line 6	1	16,265.
2a Tax on investment income for 2009 from Part VI, line 5	J	
b Income tax for 2009 (This does not include the tax from Part VI).	- -	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	16,265.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	16,265.
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	16,265.
Part XII Qualifying Distributions (see instructions)	1	
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	15,000.
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 a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule).	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	15,000.
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 (see instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,000.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years.	ether the fou	ındatıon

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				16,265.
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			14,249.	
b Total for prior years. 20, 20, 20		0.		·
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007 .				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$15,000.				
a Applied to 2008, but not more than line 2a			14,249.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				751.
e Remaining amount distributed out of corpus	0.			
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).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
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.		0.		
e Undistributed income for 2008 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2010				15,514.
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 applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008.				
e Excess from 2009				
BAA				Form 990-PF (2009)

Form 990-PF (2009) THE DRAKE FAMILY			- //I A I - C	75-303277			
Part XIV Private Operating Foundati				•	N/A		
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling							
b Check box to indicate whether the foundate		erating foundation o		4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	45 0000	Prior 3 years	(4) 2000	(-) T-4-1		
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
b 85% of line 2a		<u> </u>					
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							
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 							
3 Complete 3a, b, or c for the alternative test relied upon							
a 'Assets' alternative test — enter							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test — enter							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
Part XV Supplementary Information assets at any time during the			organization ha	ıd \$5,000 or moı	re in		
Information Regarding Foundation Mana List any managers of the foundation who close of any tax year (but only if they hav PETER F. DRAKE	gers: have contributed m	ore than 2% of the	total contributions r section 507(d)(2).)	eceived by the foun	dation before the		
b List any managers of the foundation who	own 10% or more of	of the stock of a cor	poration (or an equa	ally large portion of	the ownership of		
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter-	est	, , , , , , , , , , , , , , , , , , , ,	,		
2 Information Regarding Contribution, Gra	nt Cift Laan Sala	Jarohin etc Duc					
Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	makes contributions	to preselected cha	ritable organizations				
a The name, address, and telephone numb	er of the person to	whom applications	should be addressed	d			
b The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de			
c Any submission deadlines							
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors:		

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

P.O. BOX 1715 HEMET, CA 92545 SAN MIGUEL SCHOOL 1949 WEST 48TH STREET CHICAGO, IL 60609 MIDWEST PALLIATIVE & HOSPICE CENTER 2050 CLARE COURT GLENVIEW, IL 60025 Total Total Approved for future payment CONTRIBUTION CONTRIBUTION SO1(C) CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION Total P 3a 15,000.	3 Grants and Contributions Faid During the Te	I	T ayıncı	1	
a Pad dung the year THE VALLEY RESTART CENTER P.O. BOX 1715 HEMET, CA 92545 SAN MIGUEL SCHOOL 1949 WEST 48TH STREET CHICAGO, IL 60609 MIDWEST PALLIATIVE & HOSPICE CENTER 2050 CLARR COURT GLENVIEW, IL 60025 Total Total * 3a 15,000.		If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
THE VALLEY RESTART CENTER P.O. BOX 1715 HEMET, CA 92545 SAN MIGUEL SCHOOL 1949 WEST 48TH STREET CHICAGO, IL 60609 MIDWEST PALLIATIVE & HOSPICE CENTER 2050 CLARRE COURT GLENVIEW, IL 60025 Total Total Description NONE 501(C) CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION 5,000. CHARITABLE CONTRIBUTION 5,000. CHARITABLE CONTRIBUTION 15,000.		substantial contributor	- Corpicint		
1949 WEST 48TH STREET CHICAGO, IL 60609 MIDWEST PALLIATIVE & HOSPICE CENTER 2050 CLAIRE COURT GLENVIEW, IL 60025 Total D Approved for future payment Total Total Total D Approved for future payment	THE VALLEY RESTART CENTER P.O. BOX 1715	NONE	501 (C)		5,000.
Total Total Total Approved for future payment Total T	1949 WEST 48TH STREET	NONE	501 (C)		5,000.
b Approved for future payment	CENTER 2050 CLAIRE COURT		501 (C)		5,000.
b Approved for future payment				<u> </u>	15.000
	- · · · · · · · · · · · · · · · · · · ·	<u></u>		► 3a	15,000.
- · ·	b Approved for future payment			▶ 3h	,

Page 12

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

Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income	Excluded by	section 512, 513, or 514	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b					
c	<u> </u>				
d					
e	ļ	_ .			
f	ļ				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	531390		14	2,758.	33.
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate				·	
a Debt-financed property		<u> </u>			
b Not debt-financed property	531390	-16,829.	14		
6 Net rental income or (loss) from personal property.					
7 Other investment income			14	-5,307.	
8 Gain or (loss) from sales of assets other than inventory		· <u>·</u>	14	2,724.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c			ļ		
d	ļ				
e					
12 Subtotal Add columns (b), (d), and (e)		-16,829.		175.	33.
13 Total. Add line 12, columns (b), (d), and (e)				13	-16,621.
See worksheet in the instructions for line 13 to verify of	calculations)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

· Form ·990-P I			Y FOUNDATION			75-3032776		ge 13
Part XVII	Information Re Exempt Organ		ansfers To and Transacti	ons an	d Relationships V	ith Noncharitable	•	
							Yes	No
1 Did the describ relation	e organization directly bed in section 501(c) o g to political organizat	or indirectly e of the Code (d tions?	engage in any of the following w ther than section 501(c)(3) orga	ith any o nizations	ther organization s) or in section 527,			
a Transf	ers from the reporting	foundation to	a noncharitable exempt organiz	ation of			-~-	
(1) Ca	ish					1a (1)		X
(2) Ot	her assets					1 a (2)		Х
b Other	transactions [.]						-	~
(1) Sa	les of assets to a non	icharitable exe	empt organization			1 b (1)		X
(2) Pu	irchases of assets fror	m a noncharit	able exempt organization			1 b (2)	L	X
(3) Re	ental of facilities, equip	oment, or othe	er assets			1 b (3)	L	X
(4) Re	imbursement arrange	ments				1 b (4)		X
(5) Lo	ans or loan guarantee	:S				1 b (5)		X
(6) Pe	erformance of services	or membersh	ip or fundraising solicitations			1 b (6)		X
c Sharın	g of facilities, equipme	ent, mailing li	sts, other assets, or paid employ	ees/		1c		X
any tra	ansaction or sharing at (b) Amount involved		by the reporting foundation. If the how in column (d) the value of the following the transmitted of the tran	1	s, other assets, or serv Description of transfers, tra			s
N/A				ļ		·		
			·····					
				ļ				
				ļ				
		ļ		 _	v. n 			
				-				
				1				
				ļ				
				 				
		+						
		<u> </u>		 				
				 				
				 				
		1						
						-		
2a Is the describ	foundation directly or open in section 501(c) of	indirectly affiliof the Code (o	ated with, or related to, one or i ther than section 501(c)(3)) or ii	nore tax n section	-exempt organizations 527?	Yes	- X	No
b If 'Yes	,' complete the followi	ng schedule						
	(a) Name of organizati	on	(b) Type of organization	<u> </u>	(c) Desci	iption of relationship		
N/A								

	Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which		est of my knowledg	e and belief, it is true, correct, and
>	Petr In	17/19/10	► <u>Presid</u>	lent
Sign	ature of officer or trustee	Date (Title	
Paid Pre-	Preparer's signature Dames P. Meade A	Date 2-14-10	Check if self-employed	Preparer's Identifying number (See Signature in the instrs) N/A
parer's	Firm's name (or James P. Meade & Associates		EIN N/	Α
Use Only	yours if self- employed). 135 S LaSalle Street, Ste 3900			
	address, and ZIP code Chicago, IL 60603		Phone no	(312) 346-4100
AA .				Form 990-PF (2009)

SIGN HERE

Schèdule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545 0047

2009

Employer identification number

THE DRAKE FAMILY FOUNDATION		75-3032776				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treat	ed as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
1 01111 330-1 1	4947(a)(1) nonexempt charitable trust treated a	as a private foundation				
	X 501(c)(3) taxable private foundation	is a private realization				
Check if your organization is covered by the Ge	neral Rule or a Special Rule					
Note: Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule	and a Special Rule See instructions.				
General Rule –						
	, or 990-PF that received, during the year, \$5,000 or	r more (in money or property) from any one				
contributor. (Complete Parts I and II)	, or 550 in that received, during the year, \$6,000 G	Timore (in money or property) from any one				
Special Rules -						
For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections						
= 509(a)(1)/1/0(b)(1)(A)(vi) and received from any amount on (i) Form 990, Part VIII, line 1h or	509(a)(1)/170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year,						
aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
	ation filing Form 990 or 990-EZ, that received from a	any and contributor, during the year				
contributions for use exclusively for religious	s, charitable, etc. purposes, but these contributions	did not aggregate to more than \$1,000 If				
this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc. contributions of \$5		► \$				
		t file Schedule P. (Form 900, 900 F7, as				
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PE) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form						
	g requirements of Schedule B (Form 990, 990-EZ, o					
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)				

Name of org			er identification number
Part I	Contributors (see instructions.)	[/5-3	032776
	(b)	(c)	(d)
(a) Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	PETER F. DRAKE		Person X Payroll
	550 NORTH KINGSBURY, #608	\$57,500.	Noncash 🗌
	CHICAGO, IL 60610		(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 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 Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1

of 1

of Part I

of Part II

Name of organization

THE DRAKE FAMILY FOUNDATION

Employer identification number

75-3032776

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		= .	
		\$	ļ

of 1 of Part III
Employer identification number

THE DRAKE FAMILY FOUNDATION

75-3032776

Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more the	tc, individual contribution an \$1,000 for the year.(Co	ns to section of the	on 501(c)(7), (8), or (10) (a) through (e) and the following lir	ne entry)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once –	arıtable, etc, see instruction	ons)	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld
	N/A				
		_			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transfere	e
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	itionship of transferor to transfere	e
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is h	eld ———
		(1)			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transfere	e
					····
(-)	(1)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld
			_		
		(e)			
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to transfere	e
		-	· · · · · · · · · · · · · · · · · · ·		
RAA			Sahar	dula R (Form 990, 990, F7, or 990, F	25) (2000)

2009	Federal Sta	tements		Page 1
Client 5	THE DRAKE FAMIL	FOUNDATION		75-3032776
7/14/10			·	09 15AN
Statement 1 Form 990-PF, Part I, Line 11 Other Income				
		(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
Other Investment Income Rental Income - Noninves	tment Property Total	\$ -5,307. -16,399. \$ -21,706.	\$ -21,706.	.\$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses	,			
Rental Expenses	(a) Expense per Boo \$ 4 Total \$ 4	s Investmen ks Income 30.	t Adjusted <u>Net Income</u>	(d) Charitable Purposes . \$ 0.

(Rev April 2009)

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

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print THE DRAKE FAMILY FOUNDATION 75-3032776 File by the due date for Number, street, and room or suite number. If a P O box, see instructions. filing your return See instructions 550 NORTH KINGSBURY #608 City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60610 Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 1041-A Form 8870 Form 990-PF The books are in the care of ► PETER F. DRAKE Telephone No. ► 312-346-4100 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 is for 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 members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 09 or

2 If this tax year is for less than 12 months, check reason Change in accounting period Initial return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 200. 3al\$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0. 3b|\$ made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

See instructions

tax year beginning _____, 20 ___, and ending

Form **8868** (Rev 4-2009)

200.