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# 990-PF

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

OMB No 1545-0052

Department of me T	reasury ervice N	lote:	The foundation may	Treat	ted as a Priv	ate Foundati	on satisfy state	reporting requ	uırements	2009
			x year beginning			/01 ,2009				06/30, 2010
G Check all t			Initial return		Initial return	of a former p	oublic char	ity		Final return
			Amended return		Addre	ss change	Г	Name cl	hange	-
	Name of fou	ndatı	on					A Empl	oyer identific	cation number
Use the IRS	HERRENDO	DRF	FAMILY FOUND	DATION	, INC.					
label.	- / -							36-	3553268	
Otherwise,	Number and	stree	et (or P O box number i	f mail is not	delivered to stree	t address)	Room/sui	te B Teleph	one number (see	page 10 of the instructions)
print			,			,				
or type.	191 NORT	rh i	WACKER DRIVE	- SUI	re 1800				(31	2) 521-2401
See Specific	<b>!</b>		e, and ZIP code				J	C II exe	mption applica	tion is
Instructions.	only or tonni	0141	0, 0.10 2.11 0000					1	ng, check here	<b>.</b>
	CHICAGO	т.	L 60606-1615					1		ions, check here
H Chark tune			X Section 501	(a)/2) ava	mot private	foundation		85	% test, check h	ere and attach
	_		· · · · · · · · · · · · · · · · · · ·				tion	cor	mputation .	
			mpt charitable trust	1	ethod X C	rivate founda	crual			status was terminated
	et value of all				L.A		iruai			(1)(A), check here . P
	om Part II, col 62,	(C),		ther (spe		n cash basis )		<b>I</b>		in a 60-month termination
<del></del>			<u></u>	<u> </u>	a) musi be or	i casii basis )	· · · · · · · · · · · · · · · · · · ·	unde	r section 507(b)	(1)(B), check here
total o	/sis of Heve of amounts in c	nue olumi	and Expenses (The ns (b), (c), and (d)	(a) ne	venue and	(b) Net inve	estment	(c) Adjust	ted net	(d) Disbursements for charitable
may r	not necessarily	equa	al the amounts in		enses per books	incon	ne	incor	ne	purposes
1	<del></del>		of the instructions))		45,066.00		-			(cash basis only)
1	If the f	etc , re	eceived (attach schedule) .  ation is <b>not</b> required to		45,000.00					
2 Check )	attach	Sch I	В		7.83		7.83		7.83	Amori 1
1	•		orary cash investments		7.03	1	7.03		7.03	ATCH 1
1			m securities							<del></del>
<b>b</b> Net ren	tal income or (los	ss)	<del></del>							
6a Net gan	n or (loss) from : ales price for all	sale o	f assets not on line 10							
	on line 6a -									
7 Capital	l gain net inco	me (f	from Part IV, line 2) .							
8 Netsh			n							
		• •	• • • • • • • • • •							<del> </del>
	ales less returns wances • • •	-				ļ <u>.</u>		<del></del>		
	ost of goods sold									
			ch schedule)			1				<del></del>
11 Other	ncome (attach	sch	edule)		45 000 00					
12 Total.	Add lines 1 thi	rough	<u> 11</u>		45,073.83		7.83		7.83	
13 Comper	nsation of officer	s, dire	ectors, trustees, etc		0.00	1				
14 Other	employee sala	ries a	and wages							
<u>စို့</u> 15 Pensio	n plans, emplo	yee	benefits							
16a Legalf	ees (attach scl	hedul	le)					<del></del>		
b Accour	nting fees (atta	ach s	chedule)							
c Other	professional fe	es (a	ttach schedule)							
17 Interes	t									
18 Taxes (a	attach schedule)	(see p	page 14 of the instructions)							
E 19 Depred	ciation (attach	sche	edule) and depletion.							
20 Occup	ancy		· · · · · · · · · · · · · · · · · · ·							
<b>~</b>	conferences,					,				
22 Printin	•					7,				
23 Other	expenses (atta	ch sc	chedule) ATCH 2	VED 9	- 20HQ.00	)	10.00		10.00	
© 24 Total o			inistrative expenses	JT C A	1 - 017					
Add lin	es 13 through		1 1		10.00		10.00		10.00	
25 Contrib	outions, gifts,			- 1. 5. 5. 5. E.	2,236.00					2,236.
		-	ts. Add lines 24 and 25	<del></del>	2,246.00		10.00		10.00	2,236.
27 Subtra	ct line 26 from									· · · · · · · · · · · · · · · · · · ·
a Ever			and disbursements		42,827.83	}				
	-		if negative, enter -0-)			<del></del>	-0-			<del></del> -
2 Net inv			essetus sates 0			<del> </del>			-0-	

Ē	artill	Balance Sheets description column should be for end-of-year	Beginning of year	End o	of year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	19,013.25	61,841.08	61,841.08
	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 page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	Ì	Less: allowance for doubtful accounts ▶			
<b>,</b>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
155	1	Investments - U.S. and state government obligations (attach schedule)			
_	I	Investments - corporate stock (attach schedule)			
	1	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,		<del></del>	
		Less accumulated depreciation >			
		(attach schedule)			
	12 13	Investments - mortgage loans	1,000.00	1,000.00	1,000.00
	14	Land, buildings, and			
	[	Land, buildings, and equipment basis Less accumulated depreciation			•
	\ \	equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	20,013.25	62,841.08	62,841.08
	<b></b>	Instructions. Also, see page 1, item I)	20,013.23	02,041.00	02,041.00
	17	Accounts payable and accrued expenses			
	18	Grants payable		<del></del>	
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
jab	21	Mortgages and other notes payable (attach schedule)		<del></del>	
_	22	Other liabilities (describe		··· · · · · · · · · · · · · · · · · ·	
	23_	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶	į		
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ä	25	Temporarily restricted			
Ba	26	Permanently restricted			
힏	25 26 27 28 29 30	Foundations that do not follow SFAS 117,			
교	}	check here and complete lines 27 through 31. $\blacktriangleright X$			
ö	27	Capital stock, trust principal, or current funds			
its	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SSE	29	Retained earnings, accumulated income, endowment, or other funds	20,013.25	62,841.08	
t A	30	Total net assets or fund balances (see page 17 of the			
2		instructions)	20,013.25	62,841.08	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	20,013.25	62,841.08	
Ε	art II	Analysis of Changes in Net Assets or Fund I	Balances		<del></del>
		l net assets or fund balances at beginning of year - Part II,		agree with	
•		of-year figure reported on prior year's return)			20,013.25
2					42,827.83
			• • • • • • • • • • • • • • • • • • • •	<del> </del>	12,7200
		r increases not included in line 2 (itemize)			62,841.08
		lines 1, 2, and 3 eases not included in line 2 (itemize) ▶			32,011.00
		eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus l	upo 5) - Part II column (h)		62,841.08
0_	TOTA	rhet assets of futio balatices at end of year fillie 4 minus t	ine 3) - rait ii, columin (b),	line 30   6	02,041.00

(a) List an	s and Losses for Tax on Inv and describe the kind(s) of property sold brick warehouse; or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a			<u> </u>		
b	·				
<u>c</u>					
<u>d</u>			ļ <u></u>		
е	·				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a			<u> </u>		
<u>b</u>					<del> </del>
<u>c</u>			ļ		
d			<u> </u>		<del> </del>
е					
Complete only for assets s	howing gain in column (h) and ow	vned by the foundation on 12/31/69	1 17	Gains (Col (h) g	
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col.	(k), but not less Losses (from co	
a					
b					
С					
d					
е					
2 Capital gain net income of	r (not canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
Net short-term capital gair	" ) n or (loss) as defined in sections 1.		<del>-</del>		
	l, line 8, column (c) (see pages 13				
- ·	line 8		3		
Part V Qualification U	nder Section 4940(e) for Red	luced Tax on Net Investment Inc			
	the section 4942 tax on the distri	butable amount of any year in the b	ase perio	d?	Yes No
	not qualify under section 4940(e)			<u> </u>	····
	ount in each column for each yea	r, see page 18 of the instructions be	efore mak	<del></del>	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ri (col (b) divided by	
2008				· <del></del>	
2007					
2006					
2005					
2004					
2 Total of line 1, column (d	) <i></i> . <i>.</i>		2		
3 Average distribution ratio	for the 5-year base period - divid				
number of years the foun	idation has been in existence if les	ss than 5 years	3		
-		, , , , , , , , , , , , , , , , , , , ,			
Enter the net value of no	ncharitable-use assets for 2009 fro	om Part X, line 5	4		
Multiply line 4 by line 3			5		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or great VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete	8 hat part	using a 1% ta	x rate See th

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ons)
1 a	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 ruling letter if necessary - see instructions)			
b	*Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.00
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% J of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		(	0.00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		- (	0.00
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b				
С				
d				
7	Total credits and payments. Add lines 6a through 6d			0.00
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u></u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		C	0.00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   10			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	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			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			١
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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			١
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_ 3		X
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?	4b		1,,
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			
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		v	
	conflict with the state law remain in the governing instrument?	- 6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	^	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)   IL,			
ь	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	8b	Х	
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 on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Par	art VII-A Statements Regarding Activities (continued)				
11	1 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		11		X
12	2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	3 Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	on?	13	X	<u> </u>
	Website address   N/A			==	
14	4 The books are in care of ▶ JOSEPH D. AMENT Telephone no ▶	312.52	1.20	00	
	Located at ▶191 N WACKER DR #1800 CHICAGO, IL ZIP+	1 ▶ 60606	- <b></b> -		<del></del>
15	Website address  4 The books are in care of ▶ JOSEPH D. AMENT Telephone no ▶  Located at ▶191 N WACKER DR #1800 CHICAGO, IL ZIP+4  5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶	· 🔲
_	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			
Par	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		т –		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		-	Yes	No_
1a	a During the year did the foundation (either directly or indirectly).	Г⊽Т		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	XNo	ĺ	1	
	disqualified person?	·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person:	·			
	(4) Pay compensation to, or pay or reinibulse the expenses of, a disqualined person	. [] 140	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	XNo			
	the benefit of use of a disqualified person)				
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if				
	the foundation agreed to make a grant to or to employ the official for a period after	XNo			
	termination of government service, it terminating within 30 days )				
I)	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation		16		Х
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here			ļ	
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
Ç	were not corrected before the first day of the tax year beginning in 2009?		1 c		Х
2					
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and				
_	6e, Part XIII) for tax year(s) beginning before 2009?	X No			
	If "Yes," list the years		1		
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)				
	to all years listed, answer "No" and attach statement - see page 20 of the instructions )		2b		
c	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	1	
	<b>&gt;</b>				
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business	ਿੰਦੀ			
	enterprise at any time during the year? Yes				
b	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse				
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				
	foundation had excess business holdings in 2009)		3 b	+-	Х
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	+-	
Ь	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 200	99	4 b		Х

Form 990-PF (2009)

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

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 F	ive highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NOT APPLICABLE	
Tot	I number of others receiving over \$50,000 for professional services	▶ NONE
Pa	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
	NOT APPLICABLE	
2		
3	·	
4		
Pa	t IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NOT APPLICABLE	
2	NOT APPLICABLE ·	
	other program-related investments. See page 24 of the instructions.	
<b>3</b> .	NONE	
	I Add baco 4 through 0	

Form 990-PF (2009)

Pa	Part X Minimum Investment Return (All domestic foundations must complete this part see page 24 of the instructions.)	t. Foreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		·
	purposes:		
а	a Average monthly fair market value of securities	1a	1,000.00
b	b Average of monthly cash balances	1b	58,304.05
C	c Fair market value of all other assets (see page 24 of the instructions)	1c	0.00
d		1d	59,304.05
е	e Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.00
3	Subtract line 2 from line 1d	3	59,304.05
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 2	25	
	of the instructions)	4	889.56
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4 5	58,414.49
6	Minimum investment return. Enter 5% of line 5	6	2,920.72
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)( foundations and certain foreign organizations check here   ☐ and do not comple	(5) private operating	
1	Minimum investment return from Part X, line 6	1	2,920.72
2a	a Tax on investment income for 2009 from Part VI, line 5	0.00	
b			
C	c Add lines 2a and 2b	2c	0.00
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,920.72
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		2,920.72
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,920.72
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,236.00
b		1b	0.00
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	• • • • • • • • • • • • • • • • • • • •	··
		2	0.00
3	Amounts set aside for specific charitable projects that satisfy the.		<del></del>
а		3a	0.00
b			0.00
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,236.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inc		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	1 1	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	• • • • • • • • • • • • • • • • • • • •	2,236.00
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcu		
	qualifies for the section 4940(e) reduction of tax in those years.	<u> </u>	

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line7		·		2,920.72
2	Undistributed income, if any, as of the end of 2009				
-	Enter amount for 2008 only				
b	סק סכ סד ו	-			
3	Excess distributions carryover, if any, to 2009			—	-
	From 2004				
ь					
C	From 2006				
ď	10 001 40				
		4			
f	Total of lines 3a through e	81,106.18			<del></del>
4	Qualifying distributions for 2009 from Part XII, line 4: > \$ 2,236.00				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				2,236.00
е	Remaining amount distributed out of corpus	0.00			
5	Excess distributions carryover applied to 2009	684.72			684.72
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	80,421.46			
b	Prior years' undistributed income Subtract line 4b from line 2b		,		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b. Taxable				
_	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
7	distributed in 2010		•		<del> </del>
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	9,873.71			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	70,547.75			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
d	10 201 40		İ		
	Excess from 2009	r			

	If the foundation has					9) NOT APPLICABL
	foundation, and the rulin				► I	
b	Check box to indicate wh				on 494	2(j)(3) or 4942(j)(5)
2 a		Tax year		Prior 3 years	<u> </u>	
2.0	justed net income from Part I or the minimum investment return from Part X for each		<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
	year listed			<del>- </del>	<del> </del>	
ь	85% of line 2a		<del></del>		<del></del>	
С.	Qualifying distributions from Part XII, line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the alternative test relied upon					
а	*Assets* alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section			-		
b	4942(j)(3)(B)(i)  Endowment alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X.					
	line 6 for each year listed					
С	"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)					
	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					
Pa	_1	ary Information (C	omplete this part	only if the foun	dation had \$5.00	0 or more in assets
		during the year - se			<b>+-,</b>	
1	Information Regarding	•				
а	before the close of any	tax year (but only if th				eived by the foundation ).)
	HERSHEL HER					····
b	List any managers of ownership of a partner					illy large portion of the
		NONE				
2	Information Regarding		, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X if the unsolicited requests for organizations under other than the control of th	or funds. If the foun	dation makes gifts, (	grants, etc. (see pag	ritable organizations ge 28 of the instruc	and does not accept tions) to individuals or
а	The name, address, a				be addressed:	
b	The form in which appl	lications should be sul	omitted and informati	on and materials the	y should include:	
c	Any submission deadlii	nes:				
	Any restrictions or li	mitations on awards	such as by geogra	anhical areas charit	able fields kinds o	f institutions, or other
_	factors:	anono on anjardo,	oson ac by googn	apoui arous, onam	acio nolas, kinas o	

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr		uture 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
Name and address (home or business)	or substantial contributor	recipient	Contribution	<u> </u>
a Paid dunng the year				
ATTACHMENT 5				
ATTACHMENT 5				
	-			
	İ			
Total			▶ 3a	2,236.00
b Approved for future payment				
	<u> </u>	L		
Total			▶ 3b	

Part XV nter gros	Analysis of Income-Products amounts unless otherwise indicated	1	ated business income	Excluded by	y section 512, 513, or 514	(e)
•	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
_	un service revenue			<del> </del>		the instructions )
_						
d						
e _						
f						
g Fe	es and contracts from government agencies					
2 Membe	ership dues and assessments					
	t on savings and temporary cash investments			14	7.83	
	nds and interest from securities			+		
	ntal income or (loss) from real estate:	ļ		<del> </del>	_	
	ebt-financed property					
	ot debt-financed property					
	ntal income or (loss) from personal property			<del> </del>		
	investment income			<del>                                     </del>		<u> </u>
	r (loss) from sales of assets other than inventory			+		
	come or (loss) from special events			<del></del>		
	profit or (loss) from sales of inventory			<del> </del>		
	revenue: a					
				+		
C				<del></del>		
			1			
d		_				
d					7.83	
d e 2 Subtot	tal. Add columns (b), (d), and (e)				·	L
d e 2 Subtot 3 Total.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				·	L
d e 2 Subtot 3 Total.	tal. Add columns (b), (d), and (e)	to verify calci	ulations.)	cempt Purp	oses 13	7.83
d e 2 Subtot 3 Total. See work	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Ac	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83
de 2 Subtot 3 Total. Gee work Part XV	Add columns (b), (d), and (e)	to verify calcusto the Acuty for which	ulations.) complishment of Exch income is reporte exempt purposes (complishment)	cempt Purp	oses  (e) of Part XVI-A con	7.83

Ρē	ILVA	Exempt Organi		ransters to a	and Iransa	ctions	and Heia	เนอกรกเค	s with r	ionc	narii	able
1	Did 1	he organization directly of	or indirectly	engage in any o	f the following	g with	any other o	rganization	described	L	Yes	No
	organ	ction 501(c) of the Code				) or in	section 527	, relating to	political			
a	Trāns	fers from the reporting four			-							v
		ash								1a(1)	<u> </u>	X
t		transactions:			• • • • • • •					1a(2)		
	(1) S	ales of assets to a nonchar	table exempt	organization						 1Ь(1)		Х
		urchases of assets from a r								1b(2)		X
	( <b>3</b> ) R	ental of facilities, equipment	t, or other asse	ets						1b(3)		Х
		eimbursement arrangements										X
		pans or loan guarantees										X
		erformance of services or m										_ <u>X</u>
		ng of facilities, equipment, r e answer to any of the									fair r	
Ī		of the goods, other ass							•			
		in any transaction or s										
				,								
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt o	organization		cription of tran	sfers, transact	ons, and shar	ng arra	ngeme	nts
		N/A				N/A						
				<del>-</del>				<u> </u>				
				-			<u>.</u>	<del></del> .				
					· <del>-</del> ·			<del></del> -				
											-	
									<u> </u>			
		,										
								· · · · · · · · · · · · · · · · · · ·				
				<del></del>					<del></del> -			
					,	••				·		
2a		foundation directly or ind				nore tax-	exempt orga	nizations des	scribed in _	_		7
		n 501(c) of the Code (other t		501(c)(3)) or in section	on 527?				L	Ye	s	No
b	If "Ye	s," complete the following so  (a) Name of organization	hedule.	(b) Type o	of organization		-	(a) December	on of relations			
N	/A	(a) Name of organization	····	(b) Type o	or Organization			(c) Description	on or relations	ш <u>р</u>		
								···				_
									,			
						_						
- 1		A	P 1		7				<del></del>			
	Under belief,	penalties of perjury, I declare it is true, correct, and so in plets	tivat I have ext Declaration of	amined this return, in of pyleparer (other than	fluding accompa i taxpayer or fidu	nying sche ciary) is ba	dules and stat ased on all inf	ements, and to prmation of wi	o the best of hich preparer	my ki has ar	nowledo ny knov	ge and vledge
	$\mathcal{L}$	X badd 11/7	S XX	MAZE			15-10	A.	.A (			_
٥		gnature of officer or trustee	YW	The state of the s		Date	3.75	Tille	<u> </u>			
Sign Here		<u> </u>	-		Date	,			Preparer's	dentif	/ing	
L L	ج ج- دی ح	Preparer's		11	12/	41.	Check if self-emple	oyed ▶☐	number (Se page 30 of the	e Signa	ture on	
Š	Paid eparer's se Only	signature			,	7/10			356-38-	-207		
	Paid Preparer's Use Only	Firm's name (or yours			NBERG AME	NT &		EN ▶ 3	6-27575	01		
	د ۵	self-employed), address,		ENSTEIN, P.C	•			-	2.2			
- [		and ZIP code	CHICAC	50, IL		60	606-1615	Phone no	312.52	11.2	000	

### 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
HERRENDORF FAMILY FOU	NDATION, INC.	
C/O JOSEPH D. AMENT		36-3553268
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ındatıon
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7), (instructions.	ered by the <b>General Rule</b> or a <b>Special Rule.</b> 8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		- -
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 331/3% support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	r, a contribution of the greater
the year, aggregate co	o, (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, an	le, scientific, literary, or
the year, contributions aggregate to more that year for an <i>exclusively</i> rapplies to this organiza	for use exclusively for religious, charitable, etc., purposes, but these con \$1,000. If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose. Do not complete any of the parts unless tion because it received nonexclusively religious, charitable, etc., contribution because it received nonexclusively religious, charitable, etc., contribution because it received nonexclusively religious, charitable, etc., contributions.	ntributions did not ere received during the ss the <b>General Rule</b>
Caution. An organization that is r	not covered by the General Rule and/or the Special Rules does not file So	chedule B (Form 990.
990-EZ, or 990-PF), but it must a	nswer "No" on Part IV, line 2 of its Form 990, or check the box on line H o certify that it does not meet the filing requirements of Schedule B (Forr	of its Form 990-EZ,
990-PF)	o sormy that it does not meet the ming requirements of soliedule b (Foll	11 000, 000-LZ, UI
For Privacy Act and Paperwork Reductio	n Act Notice, see the Instructions Schedule I	B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF

qe ep	of	of Part

	5 (FORM 550, 550-EZ, OF 550-FF) (2009)		Page of of Part
Name of or	rganization HERRENDORF FAMILY FOUNDATION C/O JOSEPH D. AMENT	, INC.	Employer identification number 36-3553268
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MORRIS ESFORMES  3737 W. ARTHUR AVE.	s 35,000.00	Person X Payroll
	CHICAGO, IL 60645	\$	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	EMI ENTERPRISES, INC.  6865 NORTH LINCOLN AVENUE  LINCOLNWOOD, IL 60712	\$\$	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

# ATTACHMENT 1

# - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

ADJUSTED NET INCOME	7.83	7.83
NET INVESTMENT INCOME	7.83	7.83
REVENUE AND EXPENSES PER BOOKS	7.83	7.83
		TOTAL
DESCRIPTION	BANK LEUMI USA	

EXPENSES	
OTHER	
- 1	
н	
PART	
990PF,	
FORM	

ADJUSTED NET INCOME 10.00	10.00
NET INVESTMENT INCOME 10.00	10.00
REVENUE AND EXPENSES PER BOOKS 10.00	10.00
	TOTALS
DESCRIPTION ANNUAL REPORT - ILLINOIS	

	ENT 3	ENDING FMV	5 <sup>-</sup>	1,000.00	1,000.00
	ATTACHMENT 3	ENDING BOOK VALUE		1,000.00	1,000.00
STMENTS		BEGINNING BOOK VALUE		1,00,0.00	1,000.00
OTHER INVES					TOTALS
FORM 990PF, PART II - OTHER INVES		DESCRIPTION		STATE OF ISRAEL BOND	

ATTACHMENT 4

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

•				
EXPENSE ACCT AND OTHER ALLOWANCES	00.00	00.0	00.0	0.00
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0.00	00.0	00.0	0.00
COMPENSATION	0.00	0.00	0.00	00.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES/DIR	SEC/DIR	TREAS/DIR 1800	GRAND TOTALS
NAME AND ADDRESS	HERSHEL HERRENDORF 180 E. PEARSON ST, APT 5701 CHICAGO, IL 60611	JOSHUA HERRENDORF 31 E. ELM ST, APT 1-B CHICAGO, IL 60611	JOSEPH D. AMENT 191 NORTH WACKER DRIVE - SUITE 1 CHICAGO, IL 60606-1615	

36-3553268

ATTACHMENT 5

YEAR
E E
E
PAID
SNOTTIRIBLATIONS
CINE
STN495
× AX
TOAD
30000 8

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JUF REM GURTON WAY	, A/N	UNRESTRICTED	2,000 00
30 SOUTH WELLS STREET CHICAGO, IL			
THE FRIENDSHIP CIRCLE OF ILLINOIS 3068 ANTELOPE SPRINGS ROAD NORTHBROCK, IL 60062	N/A	UNRESTRICTED	36 00
BAYCREST FOUNDATION INC 3560 BATHHURSI STREET TORONTO, ON MGA 2E1	N/A	UNRESTRICTED	100 00
NORGE SKI CLUB AND TRAINING CENTER 100 SKI HILL ROAD FOX RIVER GROVE, IL 60021	N/A	UNRESTRICTED	100 00

2,236 00 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 5

(Rev. April 2009)

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

OMB No 1545-1709 Department of the Treasury File a separate application for each return. Internal Revenue Service 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. Part I 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 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 From 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 HERRENDORF FAMILY FOUNDATION, INC. Employer identification number Type or 36-3553268 print C/O JOSEPH D. AMENT Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for 191 NORTH WACKER DRIVE - SUITE 1800 filing your City, town or post office, state, and ZIP code For a foreign address, see instructions return See instructions CHICAGO, IL 60606-1615 Check type of return to be filed (file a separate application for each return): Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 6069 Form 990-EZ Form 990-T (trust other than above) Form 8870 Form 1041-A Form 990-PF The books are in the care of  $\blacktriangleright$  JOSEPH D. AMENT Telephone No. ▶ 312 521.2000 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) for the whole group, check this box . > \( \subseteq \subseteq \) . If it is for part of the group, check this box . \( \subseteq \subse 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  $\frac{02/15}{2011}$ , to file the exempt organization return for the organization named above The extension is for the organization's return for: calendar year X 07/01, 2009, and ending 06/30, 2010 . tax year beginning If this tax year is for less than 12 months, check reason: | Initial return | Final return | Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0.00 nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0.00

instructions. 3 c \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

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). See

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

made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev 4-2009)

0.00

3b

for payment instructions