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### Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
or may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

			Tote The loundari		e able to us	se a copy or an				g requirements	, 20
		endar year 2010, o					<u>-</u>	and endin	<del></del>		Final return
G	Che	ck all that apply	Initial retur		י עַ		of a former pu	iblic charity		ــــــ ame change	j rillarietum
		I formalation	Amended	return		Addres	ss change			A Employer identific	ation number
Na	ime o	foundation								A Employer identific	ation number
m	e C III.	ITCAT ACCTOMA	NCE CODD E	OD NO	HETNO					23-	7058125
_		NICAL ASSISTA and street (or P O box				droce)		Room/suit	to		ee page 10 of the instructions)
INC	imbei	and street (or P O box	x number ii maii is no	t delivered	to street auc	11655)		100m/sun		B relephone number (se	se page 10 of the manucuonsy
2	00 [	P DANDOLDU C	aro e e e					2100		(31)	2) 345-3205
_		E. RANDOLPH Sown, state, and ZIP co						2100		C If exemption application	<del></del>
Ci	Ly Or to	JWII, State, Blid Zii C	Juc							pending, check here	<b>▶</b>
_	нтси	AGO, IL 60601								<ul><li>D 1 Foreign organization</li><li>2 Foreign organization</li></ul>	
_		ck type of organizat	tion X Secti	on 501(c	-)(3) exem	npt private fo	undation	,	一	85% test check he	re and attach
Ϊ		ection 4947(a)(1) none					vate foundati	on		computation	
1		market value of all	•			thod C				E If private foundation s under section 507(b)(	- L
•		ear (from Part II, col				afy)				F If the foundation is in	
	•	► \$ 7,71	• • •	(Part I,	column (d	d) must be or	n cash basis )			under section 507(b)(	2
E		Analysis of Rever		<del>*</del>					1		(d) Disbursements
		total of amounts in c	columns (b) (c), ar	ıd (d)		venue and nses per	(b) Net inve	I	(c	) Adjusted net income	for charitable
		may not necessanly column (a) (see pag	equal the amount le 11 of the instruc	s III tions) )		ooks	l licon	.~		mone	purposes (cash basis only)
	1	Contributions, gifts, grants e	etc , received (attach sch	edule) _		50,000.					
	2	[ ] if the fi	oundation is <b>not</b> req Sch B	ured to							
	3	Interest on savings and	temporary cash inves	stments		4,495.		4,495.			ATCH 1
	4	Dividends and interes	st from securities								
į	5 a	Gross rents									
	ь	Net rental income or (los	ss)								
<u>•</u>		Net gain or (loss) from s		ine 10							
Revenue	b	Gross sales price for all assets on line 6a									
Š	7	Capital gain net incor	me (from Part IV, I	ne 2) .							
Œ	8	Net short-term capita									
	9	Income modifications	;								
	10 a	Gross sales less returns and allowances · · ·									
		Less Cost of goods sold									
	С	Gross profit or (loss)			1	100 55 5				100 556	
	11	Other income (attach	schedule)		ļ	193,656.		4 405		193,656.	ATCH 2
_	12	Total. Add lines 1 thr				248,151.		4,495.		193,656.	15 10/
	13	Compensation of officer				69,000.				53,820.	15,180
	14	Other employee sala	-		<del></del>		<del> </del>	-			
ses	15	Pension plans, emplo				<del></del>	-				
Je n	1	Legal fees (attach sc				21,575.	<del>                                     </del>	0.		16,829.	4,74
X	1	Accounting fees (atta	• •			21,313.	<u> </u>			10,027.	
and Administrative Expense	l	Other professional fe	_	ie)		508	<del> </del>			396.	11
rati	17	Interest ATTAC		* *		5,360	<u> </u>			4,18:.	1,17
ist	18	Taxes (attack schedule)				183	·			183.	
Ē	19	Depreciation (attach			<del> </del>		1				
Ρ	20 21	Occupancy Travesconferences	1.4.2011.	SO-8		8,032				6,265.	1,76
5	22	11 << 11		ι			<u> </u>				
Ω α	23	Other experses College		CH 6		36,439				28,422.	8,01
Operating	24	Total operating and									
Jer.		Add lines 13 through				141,097		0.		110,096.	31,00
ō	25	Contributions gifts, g				0	,				
0	26	Total expenses and disbu		4 and 25		141,097		0.		110,096.	31,00
, —	27	Subtract line 26 from		<del></del>							
Š	1	Excess of revenue over ex		nents	L	107,054					
	1	Net investment inco						4,495.			
	1	Adjusted net income								83,560.	

For Paperwork Reduction Act Notice, see page 30 of the instructions
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JSA \*\* ATCH 5

43-00700107-5100

Form 990-PF (2010)

PAGE 1 V

	-	Attached schedules and amounts in the	Beginning of year	End	of year
Ľ	art I <u>I</u>	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_1	1	Cash - non-interest-bearing		-	
		Savings and temporary cash investments	690,748.	518,347	. 518,347.
		Accounts receivable ►15,000.		<del></del> ·	
	3	Less allowance for doubtful accounts	15,000.	15,000	. 15,000.
ł		i	20,0001		
- 1		Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
ı		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			ATCH 7
		Less allowance for doubtful accounts ▶	3,135,894.	3,171,291	3,171,291.
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	1,423.	1,396	. 1,396.
SS	-	Investments - U S and state government obligations (attach schedule)			
٩		Investments - corporate stock (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11 °	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Lead, buildings, and equipment basis Less accumulated depreciation (attach schedule)			ATCH 9
		Less accumulated depreciation	183.		
ļ	15	Other assets (describe ATCH 10 )	3,816,538.	4,005,940	. 4,005,940.
	16	Total assets (to be completed by all filers - see the			
	10	Instructions Also, see page 1, item I)	7,659,786.	7,711,974	. 7,711,974.
$\dashv$	4=		20,400.	20,450	
	17	Accounts payable and accrued expenses	20,100.	207.00	┧
	18	Grants payable		<del></del>	
.e	19	Deferred revenue			_{
	20	Loans from officers, directors, trustees, and other disqualified persons	0 400 077	0 433 106	
Liabilities	21	Mortgages and other notes payable (attach schedule)	2,499,877.	2,477,136	<b>—</b> I
_	22	Other liabilities (describe  ATCH_12_)	202,635.	150,000	늬
$\Box$	23	Total liabilities (add lines 17 through 22)	2,722,912.	2,647,586	<u>.  </u>
		Foundations that follow SFAS 117, check here			
ا ر		and complete lines 24 through 26 and lines 30 and 31.	2 720 760	2 012 601	
Ses	24	Unrestricted	2,738,760.		<del>-</del>
ances	25	Temporarily restricted	2,198,114.	2,250,787	-
32	26	Permanently restricted			
pun	26 27	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
r	27	Capital stock, trust principal, or current funds			
S O	28	Paid-in or capital surplus, or land, bldg, and equipment fund		<del></del>	
Net Assets					
AS	29	Retained earnings, accumulated income, endowment, or other funds			<b>-</b>
et '	30	Total net assets or fund balances (see page 17 of the	4 026 074	5,064,388	
z		instructions)	4,936,874.	3,004,300	긕
	31	Total liabilities and net assets/fund balances (see page 17	7 (50 706	7 711 074	
		of the instructions)	7,659,786.	7,711,974	<u>.                                    </u>
		Analysis of Changes in Net Assets or Fund		· · · · · · · · · · · · · · · · · · ·	
1		I net assets or fund balances at beginning of year - Part			
	end-	of-year figure reported on prior year's return)		1	
	Ente	r amount from Part I, line 27a			
3	Othe	r increases not included in line 2 (itemize) ▶ ATTACH	MENT 13	3	20,460.
		lines 1, 2, and 3		4	5,064,388.
		eases not included in line 2 (itemize)		5	
		I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b). I		
<u> </u>		Jest Control Control of the Co	, , ,		Form 990-PF (2010)

P	art IV Capital Gains	and Losses for Tax on In	vestment Income			
		describe the kind(s) of property sold (ick warehouse, or common stock, 200	• =	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a		on water base, or serimen steam, 200	3.020 00 /	D-Donation	, , , , , , ,	<del></del>
t			-			
-						
C						
_e						
	(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) minu	
_a	<u> </u>			ļ		
_ <u>t</u>	)			ļ		
	;			ļ		
	<u> </u>			-		
			1 10 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>		
	Complete only for assets sf	nowing gain in column (h) and owned	<del></del>		Gains (Col. (h) g: (k), but not less t	
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
_a				<del> </del>		
_ <u>k</u>				<del> </del>		<del></del>
				ļ		
	·		If gain, also enter in Part I, line 7	<del>                                     </del>		
	Capital gain net income or (i	net capital loss)	If (loss), enter -0- in Part I, line 7	2		
3		or (loss) as defined in sections 122				
	_	ne 8, column (c) (see pages 13 a	•	1 . 1		
	or (loss), enter -U- in Part I, II	ne 8	duced Tax on Net Investment In	3		
(1	or optional use by domestic p	onvate foundations subject to the	section 4940(a) tax on net investmen	t income )		
lf .	section 4940(d)(2) applies, le	ave this part blank				
"	section 4940(d)(2) applies, ic	ave tills part blatik				
			table amount of any year in the base	period?		Yes X No
_		ot qualify under section 4940(e)			<del></del>	
1		int in each column for each year,	see page 18 of the instructions before	e making a	any entries (d)	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
_	2009			ļ		
_	2008			ļ		
	2007		<del> </del>	ļ		
_	2006					
_	2005		_ <del></del>			
2	Total of line 1, column (d)			2		
3	• •	or the 5-year base period - divide	the total on line 2 by 5, or by the			
	_	ation has been in existence if less		3		
	, , , , , , , , , , , , , , , , , , ,					
4	Enter the net value of nonc	haritable-use assets for 2010 fror	n 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	<del> </del>	<del>-</del> -
7	Add lines 5 and 6			7		
8	Enter qualifying distribution If line 8 is equal to or gre Part VI instructions on pag	eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)	
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 1972 (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			N/A
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% 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 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			0.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010   6a			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached <u>8</u>			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities	т		
1a	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	İ		٠
	of the instructions for definition)?	1b		X
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		ļ
	on foundation managers   \$	_		U
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			v
	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		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	_	
	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	ا ۾ ا	Х	
_	conflict with the state law remain in the governing instrument?	6	- <u>``</u>	-
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		$\vdash$
ga	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			ļ
	instructions)   LL,			İ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	o.	Х	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b_	<del>_</del>	$\vdash$
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	9	Х	
	27)? If "Yes, "complete Part XIV	3		<b></b> -
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses ATTACHMENT 14		n.DE	(2010)

Form	990-PF (20	010) 23-7058125				Page <b>5</b>
Par	t VII-A	Statements Regarding Activities (continued)				
11	At any ti	time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning	g of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	TCH. 15.	11	X	
12		foundation acquire a direct or indirect interest in any applicable insurance contract before		1 1		ł
	August 1	17, 2008?		12		X
13		foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website	e address N/A				
14	The boo	oks are in care of ▶RALPH BROWN Telephone no ▶_dat ▶200 E. RANDOLPH ST. STE. 2100 CHICAGO, IL ZIP+	312-34	5-320	5	
	Located	dat ▶200 E. RANDOLPH ST. STE. 2100 CHICAGO, IL ZIP+	4 ▶ 60601			1
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · ·			· · •	· 🔲
		ter the amount of tax-exempt interest received or accrued during the year			Γ.,	
16		time during calendar year 2010, did the foundation have an interest in or a signature or		ا م	Yes	No X
		bank, securities, or other financial account in a foreign country?		16	L	- <del>^-</del>
		age 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1	i ies, einer			
Par		ne of the foreign country Statements Regarding Activities for Which Form 4720 May Be Required	-			<u></u>
		orm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Τ	Yes	No
1 9		the year did the foundation (either directly or indirectly)			1.00	
10	-	gage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
		rrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
		qualified person? Yes				i
		rnish goods, services, or facilities to (or accept them from) a disqualified person?	i X No			
		y compensation to, or pay or reimburse the expenses of, a disqualified person?	No No		ł	-
	( <b>5</b> ) Tran	insfer any income or assets to a disqualified person (or make any of either available for	[ <del></del> ]			
	the I	benefit or use of a disqualified person)? Yes	x No			
		ree to pay money or property to a government official? (Exception Check "No" if the			į	
		ndation agreed to make a grant to or to employ the official for a period after	X No	ĺ		
		mination of government service, if terminating within 90 days)				
b		answer is "Yes" to 1a(1)-(6), did any of the acts fail, to qualify under the exceptions described in		.   1ь		X
		53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	•	·		<u> </u>
_	-	zations relying on a current notice regarding disaster assistance check here	l acts that			1
·		of corrected before the first day of the tax year beginning in 2010?		1c		Х
2		on failure to distribute income (section 4942) (does not apply for years the foundation wa				
		ng foundation defined in section 4942(j)(3) or 4942(j)(5))	·			
а	At the er	end of tax year 2010, did the foundation have any undistributed income (lines 6d and	r			
	6e, Part	t XIII) for tax year(s) beginning before 2010? Yes	S X No			
	If "Yes,"	" list the years			}	
b	Are the	ere any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section	4942(a)(2)			
	(relating	g to incorrect valuation of assets) to the year's undistributed income? (If applying section 45	42(a)(2) to	١.,		
	•	rs listed, answer "No" and attach statement - see page 22 of the instructions)	• • • • • • •	.   2b		<del>                                     </del>
C	. '	rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
3 a		foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any tii	time during the year?	s No			
b		s," did it have excess business holdings in 2010 as a result of (1) any purchase by the fo	undation or		1	
	disqualif	ified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro	ved by the			
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) t				
	the 10	0-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determ	nne if the			
		tion had excess business holdings in 2010)		. 3b	-	X
		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		. 4a	-	1-^
b		e foundation make any investment in a prior year (but after December 31, 1969) that could je ble purpose that had not been removed from jeopardy before the first day of the tax year beginnin		. 4b		X
	criantab	bie purpose triat nau not been removed nom jeopardy belore trie litst day of trie tax year beginning	<u>y 111 2010', .</u>	Form 99	0-PF	

Pai	t VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requi	red (continued)		<u>-</u>
5 a	During the year did the foundation pay or incur any amount	to				
	(1) Carry on propaganda, or otherwise attempt to influence	• ,		. Yes X N	o	
	(2) Influence the outcome of any specific public election (s	ee section 4955), or to	carry on,			
	directly or indirectly, any voter registration drive?				· 1	
	(3) Provide a grant to an individual for travel, study, or other			. Yes X N	°     [	
	(4) Provide a grant to an organization other than a charitat	· · · •				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se			Yes XN	°	
	(5) Provide for any purpose other than religious, charitable	•				
	purposes, or for the prevention of cruelty to children or				o	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans-		•			
	Regulations section 53 4945 or in a current notice regard	•		·	5b	_
	Organizations relying on a current notice regarding disaster			▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the foundation	,	n the tax	n, n.		
	because it maintained expenditure responsibility for the gra		· · · · · · · · · · · · ·	. Yes N	°	
	If "Yes," attach the statement required by Regulations secti					
6 a	Did the foundation, during the year, receive any funds, direct	• • • • • • • • • • • • • • • • • • • •		Yes X N		
	on a personal benefit contract?			. Yes X N	1 . 1	,
b	Did the foundation, during the year, pay premiums; directly	or indirectly, on a pers	sonal benefit contract?		6b   2	<u> </u>
_	If "Yes" to 6b, file Form 8870			Yes X N		
	At any time during the tax year, was the foundation a party	•	•			_
_	If "Yes," did the foundation receive any proceeds or have a Information About Officers, Directors				7b	_
	and Contractors					
1	List all officers, directors, trustees, foundation man					_
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	_
			60.000			
	TACHMENT 16 D FEDERAL SUPPLEMENTAL INFORMATION		69,000.	0. EMPLOYEE HEAL	THE THEIRANCE	<u> </u>
					[	355
			<del></del>	ALSO FEDERAL	SUPPLEMENTAL	
				INFORMATION.		
				-		_
2	Compensation of five highest-paid employees (other	r than those include	ded on line 1 - see r	page 23 of the instru	ctions).	-
-	If none, enter "NONE"					
(a	n) 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 deferred compensation	(e) Expense account, other allowances	
	NONE			ļ		
			<u> </u>	ļ		
						_
						_
			·			_
Tota	number of other employees paid over \$50,000 .				▶	_
$\overline{}$					Form 990-PF (201	(0)

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(a) Name and address of each person paid more than \$50,000 (b) Type of service	ne, enter "NONE.
	(c) Compensation
NONE	
otal number of others receiving over \$50,000 for professional services	NONE
art IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SEE SUPPLMENTAL INFO STMT #1(1.)-NORTH CENTER SENIOR CAMPUS	
	66.00
2 SEE SUPPLMENTAL INFO STMT #2(2.)-CONERSTONE APARTMENTS	66,80
Sold Soft Mildering 1410 Siff #2/21/ Conditions in internal	
	25,20
3 SEE SUPPLMENTAL INFO STMT #2(3.) - WILLARD SQ. APARTMENTS	
	10 50
4 SEE SUPPLMENTAL INFO STMT #3(4.)-MARTHA WASHINGTON APTS.	19,500
• ODD DOLL MIDNING THE GOVERNMENT WAS ALL OF THE COLUMN	
	13,400
art IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
1 NONE	
2	
2	
2	***
2All other program-related investments See page 24 of the instructions	***
2	
2All other program-related investments See page 24 of the instructions	A

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	ın foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities,	1a	
b	Average of monthly cash balances	1b	589,588.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	589,588.
е	Total (add lines 1a, b, and c)  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.
3	Subtract line 2 from line 1d	3	589,588.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	8,844.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	580,744.
6	Minimum investment return. Enter 5% of line 5	6	29,037.
Pai	Table Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► X and do not complete this page 25.	e operating art )	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2010 from Part VI, line 5		
	Income tax for 2010 (This does not include the tax from Part VI ) 2b	1	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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,	<u> </u>	
	line 1	7	
Pai	t XII Qualifying Distributions(see page 25 of the instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	31,002.
b	Discourse related associated Astal from Dark IV D	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
-		2	0.
3	Amounts set aside for specific charitable projects that satisfy the	<del>+</del>	
a	Suitability test (prior IRS approval required)	3a	0.
b	Cook distribution took (attack the recovered pelodicile)	3b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	31,002.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		31,002.
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,002.
5	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
	qualifies for the section 4940(e) reduction of tax in those years	Subting Wil	calor the loundation

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Pa	rt XIII Undistributed Income (see page :	26 of the instructi	ons)	~	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7	**************************************			0.
2	Undistributed income, if any, as of the end of 2010		[	[	
а	Enter amount for 2009 only			0.	
b	Total for prior years 20 08 ,20 07 ,20 06		0.		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
	From 2006			1	
	From 2007				
	From 2008				
	Total of lines 3a through e	i • •			
4	Qualifying distributions for 2010 from Part XII,				
-	line 4 ▶ \$ 31,002.				
_				0.	
	Applied to 2009, but not more than line 2a		<del> </del>		
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)		<del> </del>		
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
	Applied to 2010 distributable amount	<del></del>	<del></del>		
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2010		<del> </del>		
	(If an amount appears in column (d), the same amount must be shown in column (a) )		1		
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0.		
С	Enter the amount of prior years undistributed		1		
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has		ļ		
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
-	amount - see page 27 of the instructions		0.		
e	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions	,		0.	
_					
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2011				0.
7	Amounts treated as distributions out of corpus				
	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 2005 not			~ ~ ~	
	applied on line 5 or line 7 (see page 27 of the				
	instructions)			· · · · · · · · · · · · · · · · · · ·	
9	· · · · · · · · · · · · · · · · · · ·			(	
40	Subtract lines 7 and 8 from line 6a	<del>.</del> .		•	
	Analysis of line 9				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
q	Excess from 2009				
_ <u>e</u>	Excess from 2010				

Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the in	structions and Part V	(II-A, question 9)	
1 a	If the foundation has			it is a private operatin	~	
	foundation, and the ruling	is effective for 2010, enter	the date of the ruling .		▶ 08/16/1972	
b	Check box to indicate whe	ther the foundation is a pri	vate operating foundation of	described in section	X 4942(j)(3)	or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(5) 1014.
	I or the minimum investment return from Part X for each	ļ				
	year listed	29,037.	17,165.	24,426.	13,668.	84,296.
b	85% of line 2a	24,681.	14,590.	20,762.	11,618.	71,651.
С	Qualifying distributions from Part					
	XII, line 4 for each year listed	31,002.	32,571.	166,191.	17,377.	247,141.
d	Amounts included in line 2c not used directly for active conduct					
e	of exempt activities				···	
·	directly for active conduct of					
	exempt activities Subtract line	31,002.	32,571.	166,191.	17,377.	247,141.
3	2d from line 2c Complete 3a, b, or c for the	31,002.	32,371.	100,191.	17,577.	247,141.
	alternative test relied upon					
а	"Assets" alternative test - enter	7 711 074	7 650 706	7 520 106	6 120 150	20 041 114
	(1) Value of all assets	7,711,974.	7,659,786.	7,530,196.	6,139,158.	29,041,114.
	(2) Value of assets qualifying under section	7 711 074	7 (50 706	7 520 106	6 120 150	20 041 114
<b>h</b>	4942(j)(3)(B)(i)	7,711,974.	7,659,786.	7,530,196.	6,139,158.	29,041,114.
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part $\lambda$ ,		11 442	10 001	0 110	20 776
_	line 6 for each year listed		11,443.	19,221.	9,112.	39,776.
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income		, '.			
	(interest, dividends, rents,		4) [-]			
	payments on securities loans (section 512(a)(5)),					_
	or royalties)	ļ				0.
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					0.
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization					0
_	(4) Gross investment income	l				0.
Pa			omplete this part o		on had \$5,000 o	r more in assets
	<del></del>	<del></del>	page 28 of the inst	ructions.)		
1	Information Regarding	_		20/ -f the total -		h., tha fa.,
а			ave contributed more to ey have contributed mo			
		tax your (but only if the	oy have contributed the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	331, 331, (3),(2)	
	NONE				<del></del>	
b	List any managers of					arge portion of the
	ownership of a partner	ship or other entity) of	which the foundation h	nas a 10% or greater int	erest	
	NONE					
2	NONE	Contribution Grant (	Sift, Loan, Scholarship,	etc Programs:		
2	<u> </u>			=		
			nakes contributions to			
			lation makes gifts, gra te items 2a, b, c, and d	ints, etc. (see page 2	b of the instructions	) to individuals or
		<del></del>			<del></del>	
а	The name, address, an	d telephone number of	the person to whom app	olications should be add	ressed	
	N/A	<del></del>				
b	The form in which appli	cations should be subm	nitted and information an	d materials they should	ınclude	
	N/A					
_	Any submission deadling	188				
Ü	, my submission deadin	100				
	N/A					
d	Any restrictions or li	mitations on awards,	such as by geograph	nical areas, charitable	fields, kinds of ins	titutions, or other
	factors					
<del></del>	N/A	<del>-</del>				- <u></u>

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Par	t XV Supplementary Information (	continued)			
3	Grants and Contributions Paid Duri	ng the Year or App	roved for F	Future Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
а	Paid during the year				
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			Ï	[	ĺ
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		, ,			
	T-A-I	1	1		
	Total	<del> </del>	<del></del>	▶ 3a	ļ
a	Approved for future payment				
					1
				i	
				1	ł
					]
					1
				1	
					1
		<u> </u>			
	Total			> 3b	

nter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
	ATTACHMENT 17					193,656
	TETTION TO THE TETTION THE TETTION TO THE TETTION TO THE TETTION TO THE TETTION TO THE TETTION TO THE TETTION TO THE TETTION TO THE TETTION THE TETTION THE TETTION THE TETTION THE TETTION TO THE TETTION THE TETTION T					
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		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
•	and contracts from government agencies					
	ship dues and assessments			14	4,495.	
	n savings and temporary cash investments			14	4,495.	
	s and interest from securities	<u> </u>				······································
	al income or (loss) from real estate					
	financed property	<u> </u>				
b Not o	lebt-financed property					
	income or (loss) from personal property .	ļ				
7 Other in	vestment income					
Gain or (k	oss) from sales of assets other than inventory					
Net inco	me or (loss) from special events	L				
Gross pr	ofit or (loss) from sales of inventory					
Other re	venue a					
		,				
2 Subtotal	Add columns (b), (d), and (e)			1	4,495.	193,656
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)					
3 Total A	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to					193,656 198,151
3 Total A	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to	verify calcula	tions)		13	
3 Total A See worksh Part XVI-	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to	verify calcula	tions) complishment of E	xempt Purp	13	198,151
Total A ee worksh art XVI- -ine No	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to   Relationship of Activities	venfy calcula to the Ac	tions) complishment of E	xempt Purp	ooses of Part XVI-A contribu	198,151
Total A see worksh art XVI-	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activit	venfy calcula to the Ac	tions) complishment of E	xempt Purp	ooses of Part XVI-A contribu	198,151
Total A ee worksh art XVI- -ine No	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation	verify calcula to the Ac y for which on's exemp	tions)  complishment of E  income is reported t purposes (other than	xempt Purp in column (en by providing	poses  e) of Part XVI-A contribution funds for such purpose	198,151
Total Arte worksh art XVI- -ine No	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to   Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	venfy calcula to the Ac y for which on's exemp	tions)  complishment of E in income is reported t purposes (other than	xempt Purp in column (en by providing	poses  e) of Part XVI-A contribution funds for such purpose	198,151
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Total Aree workshort XVIine No -IA	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED I	tions)  complishment of E  income is reported t purposes (other than  FOR MANAGEMENT RTMENT COMPLEXE FOR SERVICES IN	xempt Purp in column (en by providing SERVICES S. DEVELOPM	Poses e) of Part XVI-A contribution funds for such purpose FOR ENT OF	198,151
Total Aree workshopen Work XVI-	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED I	tions)  complishment of E  in income is reported t purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR	xempt Purp in column (end by providing SERVICES S. DEVELOPM CITIZENS	Poses e) of Part XVI-A contribution funds for such purpose FOR ENT OF	198,151
Total Aree workshort XVIine No -IA	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME  GOVENMENT PROGRAMS, A	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED I	tions)  complishment of E  in income is reported t purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR	xempt Purp in column (end by providing SERVICES S. DEVELOPM CITIZENS	Poses e) of Part XVI-A contribution funds for such purpose FOR ENT OF	198,151
3 Total An An An Annual	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME  GOVENMENT PROGRAMS, A  PURPOSE.	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED I E FAMILI MAJOR (	tions)  complishment of E in income is reported t purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR COMPONENT OF OU	xempt Purp in column (end by providing SERVICES S. DEVELOPM CITIZENS R EXEMPT	poses e) of Part XVI-A contribution funds for such purpose FOR ENT OF UNDER	198,151
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3 Total Access workship art XVI- Line No  IA  1B	de line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME  GOVENMENT PROGRAMS, A  PURPOSE.  MANAGMENT FEES ARE FO  OF LOW INCOME HOUSING	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED F E FAMILI MAJOR (  R SUPER DEVELOR	tions)  complishment of E in income is reported t purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR COMPONENT OF OU  VISING THE ON-G PMENTS THAT WE	xempt Purpose in column (end by providing SERVICES S. DEVELOPM CITIZENS R EXEMPT OING OPER OWN OR CC	Poses  Poses  Poses  Poses  Poses  Poses  Poses  For  For  ENT OF  UNDER  ATIONS  NTROL.	198,151
3 Total Access workship art XVI- Line No  IA  1B	de line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activities accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME  GOVENMENT PROGRAMS, A  PURPOSE.  MANAGMENT FEES ARE FO  OF LOW INCOME HOUSING  THESE LOSSES REFLECT	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED I E FAMILI MAJOR (  R SUPERV DEVELOR	tions)  complishment of E in income is reported it purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR COMPONENT OF OU  VISING THE ON-G PMENTS THAT WE ANIZATOIN'S SHA	xempt Purp In column (en by providing SERVICES S. DEVELOPM CITIZENS R EXEMPT OING OPER OWN OR CO	POSES  Poses  Poses  Poses  Poses  Poses  For  For  ENT OF  UNDER  ATIONS  NTROL.  TAL	198,151
3 Total An See workship Part XVI- Line No  1A	de line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to  Relationship of Activities  Explain below how each activities accomplishment of the foundation instructions)  ASSET MANAGEMENT FEES  THREE LOW-INCOME HOUS  DEVELOPER FEES ARE RE  HOUSING FOR LOW INCOME  GOVENMENT PROGRAMS, A  PURPOSE.  MANAGMENT FEES ARE FO  OF LOW INCOME HOUSING  THESE LOSSES REFLECT  LOSS GENERATED BY THE	venfy calcula to the Ac y for which on's exemp  EARNED ING APAR CEIVED ING E FAMILI MAJOR (COMMANDER)  R SUPERV DEVELOR THE ORGA PARTNER	tions)  complishment of E in income is reported t purposes (other than  FOR MANAGEMENT RIMENT COMPLEXE FOR SERVICES IN IES AND SENIOR COMPONENT OF OU  VISING THE ON-G PMENTS THAT WE ANIZATOIN'S SHA RSHIPS WHICH PR	xempt Purp In column (en by providing SERVICES S. DEVELOPM CITIZENS R EXEMPT OING OPER OWN OR CO RE OF REN OVIDE SAF	POSES  Poses  Poses  Poses  Poses  Poses  For  For  ENT OF  UNDER  ATIONS  NTROL.  TAL  E	198,151
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Part X\				ransfers To a	nd Transa	ctions	and Relationships Wi	th Non	chari	table
ın orga	section janizat	in 501(c) of the Clons?	Code (other than	section 501(c)(3)	organizations		ny other organization descr ection 527, relating to poli		Yes	No
		from the reporting for						4-14		v
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		r assets				• • • • •		1a(2	4	1
			aritable evernot or	nanization				1b(1	n l	X
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(5)	Loan	s or loan guarantees						1b(5	<u>)</u>	X
(6)	Perfo	ormance of services or	r membership or fu	indraising solicitation	ns			1b(6	5)	X
	-			•						X
							Column (b) should always			
							If the foundation received of the goods, other assets			
(a) Line n		(b) Amount involved	1	oncharitable exempt or			cription of transfers, transactions, an			
		N/A	†		<del>-</del>	N/A		-		
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		d in section 501(c) of complete the following		uau section politicite	o)) or in section	1 3217		Ш	163	<u></u>
	100,	(a) Name of organization		(b) Type o	of organization		(c) Description of re	lationship		
							<u>.                                    </u>			
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		S	KOKIE, IL			- 60	076 Phone no 84	7-324-	7500	40040

### 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

Employer identification number Name of the organization TECHNICAL ASSISTANCE CORP. FOR HOUSING 23-7058125 Organization type (check one) 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8) or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II 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) and 170(b)(1)(A)(vi), 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 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, contributions for use exclusively for religious, 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 \$5,000 or more during the year 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-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Name of organization TECHNICAL ASSISTANCE CORP. FOR HOUSING

Employer identification number 23-7058125

Part I	Contributors	(see instructions

		<del></del>	
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 -	CITY OF CHICAGO  33 N. LA SALLE ST., ROOM 700  CHICAGO, IL 60602	\$50,000.	Person X 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
		\$	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)

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

NET INVESTMENT INCOME	4,203.	4,495.
REVENUE AND EXPENSES PER BOOKS	4,203.	4,495.
		TOTAL
DESCRIPTION	INTEREST INCOME ENTITY ACCOUNTS EVANS LANGLEY L.P. (36-3820679)	

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INCOME
OTHER
1
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PART
990PE,
FORM

	FEES			LP (36-4060104)	EVANS LANGLEY LP (36-3820679)
N	PARTNERSHIP MANAGEMENT	ASSET MANAGEMENT FEES	FEES	CORNERSTONE	EVANS LANGLE
DESCRIPTION	ERSHI	MANA	OPER	FROM	FROM
DESCE	PARTN	ASSET	DEVELOPER	LOSS	ross

REVENUE AND EXPENSES PER BOOKS		
REVENUE AND XPENSES ER BOOK	19,21 75,00 120,19 -9,67	•

ADJUSTED  NET  INCOME  19,21  75,00  120,19  -9,67
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193,656.

TOTALS

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ATTACHMENT 3

# TECHNICAL ASSISTANCE CORP. FOR HOUSING

FEES
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PART
990PE,
FORM

CHARITABLE PURPOSES	4,747.	4,747.
ADJUSTED NET INCOME	16,829.	16,829.
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	21,575.	21,575.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

## FORM 990PF, PART I - INTEREST EXPENSE

CHARITABLE PURPOSES	112.	112.
ADJUSTED NET INCOME	396.	396.
REVENUE AND EXPENSES PER BOOKS	.808	508.
		TOTALS
DESCRIPTION	INTEREST	į

TAXES
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CHARITABLE	PURPOSES	1,179.	1,179.
ADJUSTED NET	INCOME	4,181.	4,181.
REVENUE AND EXPENSES	PER BOOKS	5,360.	5,360.
			TOTALS
	DESCRIPTION	PAYROLL TAXES	

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ATTACHMENT

ATTACHMENT

9

### OTHER EXPENSES ı PART I FORM 990PF,

	REVENUE		
	AND	ADJUSTED	
	EXPENSES	NET	
DESCRIPTION	PER BOOKS	INCOME	PURPOSES
INSURANCE	6,866.	5,355.	
MISCELLANFOUS	5,661.	4,416.	
	1,148.	895.	
OFFICE EXPENSES	15,989.	12,471.	
STORAGE RENTAL FEES	2,520.	1,966.	
MEETINGS	2,810.	2,192.	
TEMPORARY SERVICES	1,445.	1,127.	

1,511. 1,245. 3,518. 554. 618.

8,017.

TOTALS

AT	TACHMENT 7
FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE	
BORROWER: DUE FROM RELATED PARTIES	
BEGINNING BALANCE DUE	3,135,894.
ENDING BALANCE DUE	3,171,291.
ENDING FAIR MARKET VALUE	3,171,291.
	C.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	3,135,894.
TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE	<u>3,171,291.</u>
TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE	3,171,291.

10-8.1
AMV 1
11:57:47
10/25/2011
746P
79710P

43-00700107-5100

ATTACHMENT 8

- PREPAID EXPENSES AND DEFERRED CHARGES FORM 990PF, PART II ENDING BOOK VALUE DESCRIPTION

1,396. 1,396.

TOTALS

PREPAID EXPENSES

1,396.

1,396.

ENDING FMV

ATTACHMENT 9	SIATION DETAIL	ENDING DISPOSALS BALANCE.	1,845	
. 41	ACCUMULATED DEPRECIATION DETAIL	BALANCE ADDITIONS DISPOSALS	1,845	
NVESTIMENT		BEGINNING BALANCE	1,845	
PMENT NOT HELD FOR	JI.	ENDING SALS BALANCE	1,845	
TAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT	FIXED ASSET DETAIL	ADDITIONS DISPOSALS		
WT.		BEGINNING BALANCE	1,845	
		METHOD/ CLASS	S	
		ASSET DESCRIPTION	COMPUTER EQUIPMENT TOTALS	

ATTACHMENT 9 PAGE 24

V 10-8 1

43-00700107-5100

10	
ATTACHMENT	

	ENDING FMV
	ENDING BOOK VALUE
FORM 990PF, PART II - OTHER ASSETS	DESCRIPTION

1,654,464. 400. 229. 2,200,847. 150,000.	4,005,940.
1,654,464. 400. 229. 2,200,847. 150,000.	4,005,940.
INVESTMENT IN NORTH CENTER SEN ADVANCE TO AFFILIAT ESCROW DEPOSITS DEVELOPMENT COSTS DEVELOPER FEE RECEIVABLE	TOTALS

### FORM 990PF, PART II - MORTGAGES AND OTHER NOTES PAYABLE

SOUTH SHORE BANK OF CHICAGO LENDER:

INTEREST RATE: 6.250000

DATE OF NOTE:

07/21/1997

MATURITY DATE:

06/01/2010

REPAYMENT TERMS:

NOTE EXTENDED EVERY YEAR

BEGINNING BALANCE DUE .....

8,144.

ENDING BALANCE DUE .....\_\_\_\_

8,144.

LENDER: DEPARTMENT OF HOUSING - CITY CHICAGO

ORIGINAL AMOUNT:

2,491,223.

INTEREST RATE:

3.000000

DATE OF NOTE:

10/05/1996

MATURITY DATE:

10/01/2044

BEGINNING BALANCE DUE ..... 2,491,733.

ENDING BALANCE DUE ......

2,468,992.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

2<u>,499,877.</u>

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

2,477,136.

TECHNICAL ASSISTANCE CORP. FOR HOUSING

23-7058125

ATTACHMENT 12

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

CONSTRUCTION COSTS PAYABLE DEVELOPER FEE PAYABLE

0. . 150,000.

TOTALS

150,000.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

GAAP/TAX DIFFERENCE FROM PASS THROUGH

ENTITIES

20,460.

TOTAL

20,460.

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

TECHNICAL ASSISTANCE CORP. FOR HOUSING

ATTACHMENT 14

23-7058125

NAME AND ADDRESS

DATE

GOVERNMENT GRANTS 50,000.

CITY OF CHICAGO 33 N. LA SALLE ST., ROOM 700 CHICAGO, IL 60602

10/29/2010

50,000.

TOTAL CONTRIBUTION AMOUNTS

PAGE 29

### FORM 990PF, PART VII-A, LINE 11A-TRANSFERS TO CONT. ENT. STATEMENT

CONTROLLED ENTITY'S NAME: TACH WILLARD SQUARE DEVELOPMENT CORP.

CONTROLLED ENTITY'S ADDRESS: 200 EAST RANDOLPH-SUITE 2100

CITY, STATE & ZIP:

CHICAGO, IL 60601

EIN:

36-4019554

TRANSFER AMOUNT:

740.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TACH PAID EXPENSES ON BEHALF OF THE ENTITY

CONTROLLED ENTITY'S NAME: TACH CORNERSTONE DEVELOPMENT CORP.

CONTROLLED ENTITY'S ADDRESS: 200 EAST RANDOLPH-SUITE 2100

CITY, STATE & ZIP:

CHICAGO, IL 60601

EIN:

36-4036192

TRANSFER AMOUNT:

8,539.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TACH PAID EXPENSES ON BEHALF OF THE ENTITY.

CONTROLLED ENTITY'S NAME: TACH EVANS DEVELOPMENT CORPORATION

CONTROLLED ENTITY'S ADDRESS: 200 EAST RANDOLPH-SUITE 2100

CITY, STATE & ZIP:

CHICAGO, IL 60601

EIN:

36-3794898

TRANSFER AMOUNT:

14,500.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TACH ADVANCED FUNDS TO THE ENTITY FOR OPERATIONS

CONTROLLED ENTITY'S NAME: TACH NORTHCENTER DEVELOPMENT CORP.

CONTROLLED ENTITY'S ADDRESS: 200 E. RANDOLPH-SUITE 2100

CITY, STATE & ZIP: CHICAGO, IL 60601

EIN:

36-4539877

TRANSFER AMOUNT:

0.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

N/A

EXPENSE ACCT

CONTRIBUTIONS

ALLOWANCES AND OTHER

BENEFIT PLANS TO EMPLOYEE

COMPENSATION

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

NAME AND ADDRESS

0

0

69,000.

PRES./DIRECTOR

40.00

200 E. RANDOLPH STREET

RALPH BROWN

CHICAGO, IL 60601

2100

.

0

0

V.P./ DIRECTOR

1.00

200 E. RANDOLPH STREET

CURIIS HEASTON

CHICAGO, IL 60601

2100

EMPLOYEE HEALTH INSURANCE. SEE ALSO FEDERAL SUPPLEMENTAL INFORMATION.

0

0

0

SEC./DIRECTOR

200 E. RANDOLPH STREET

DAVID MIDGLEY

CHICAGO, IL 60601

2100

·

0

0

TREASURER/DIR

1.00

200 E. RANDOLPH STREET

DONALD REGISTER

CHICAGO, IL 60601

2100

69,000.

GRAND TOTALS

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

43-00700107-5100
11:57:47 AMV 10-8.1
10/25/2011
79710P 746P

RELATED OR EXEMPT FUNCTION INCOME

AMOUNT

ATTACHMENT 17

FORM 990-PE, PART XVI-A - ANALYSIS OF PROGRAM SERVICE REVENUE

EXCLUSION CODE AMOUNT BUSINESS CODE DESCRIPTION

1A - ASSET MANAGEMENT SERVICES 1B - DEVELOPER FEES

1C - MANAGEMENT FEES 1D - LOSS FROM CORNERSTONE LP 1E - LOSS FROM EVANS LANGLEY LP

TOTALS

193,656.

19,213. -9,677. -11,075.

75,000. 120,195.

43-00700107-5100

23-7058125

43-00700107-5100

DEPRECIA IION Date placed in Asset description service COMPUTER EQUIPMENT 12/30/2004														
rtion		Unadjusted Cost	Bus	179 exp reduction	Basis	i i	Beginning Accumulated	Ending	Je €	-	- 1	ACRS CRS	Current-year 179	Current-year
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Detroit Description											-			
Subtotals		1,845	L			1,845	1,845	1,845						
Listed Property										-				
Less Retired Assets														
Subtotals														
TOTALS	•	1,845				1,845	1,845	1,845						
AMORTIZATION													-	
Da place place place place place place	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life			<u>l</u>	Current-year amortization
													.!	
													<u>                                     </u>	
													- 1,	
TOTALE													1	

PAGE 33

SUPPLEMENTAL INFORMATION FOR PART VIII, LINE 1
THE CORPORATION PURCHASES DIRECTORS AND OFFICERS LIABILITY INSURANCE
THAT PROVIDES COVERAGE TO BOTH THE CORPORATION AND ITS DIRECTORS AND
OFFICERS. WHILE A PORTION OF THE PREMIUM MAY BE CONSIDERED
COMPENSATION TO DIRECTORS AND OFFICERS, THE COMPENSATORY PORTION
ALLOCABLE TO ANY ONE INDIVIDUAL IS DE MINIMIS.

SUPPLEMENTAL INFORMATION FOR PART IX-A, SUMMARY OF DIRECT CHARITABLE ACTIVITIES

- SERVICE AS "MASTER DEVELOPER" OF THE NORTH CENTER SENIOR CAMPUS, A 5 ACRE CAMPUS IN CHICAGO WHICH CONTAINS THREE HOUSING DEVELOPMENTS FOR SENIOR CITIZENS, TOTALING 282 APARTMENTS AND TWO PUBLIC PARKS. THE GOAL OF THE MASTER DEVELOPER IS TO PROVIDE A BALANCED PROGRAM OF AFFORDABLE RENTAL AND HOMEOWNERSHIP (CONDOMINIUM) HOUSING FOR LOW INCOME SENIORS, ON A SENIOR HOUSING CAMPUS THAT PROVIDES URGENTLY NEEDED HOUSING RESOURCES TO AVOID DISPLACEMENT OF LONG TERM SENIOR RESIDENTS OF A RAPIDLY GENTRIFYING COMMUNITY. THIS YEAR'S ACTIVITIES INCLUDE I.) COMPLETING THE DEVELOPMENT PROCESS FOR THE SIGNAGE PROGRAM FOR THE ENTIRE SENIOR CAMPUS (23 SIGNS) AND PERSUADING ALL PARTIES TO SIGN LEGAL AGREEMENTS ALLOWING SIGNAGE, II.) MANAGING THE INSTALLATION PROCESS, III.) COMPLETING THE DEVELOPMENT PROCESS FOR AN OBELISK MONUMENT, INCLUDING FINAL PLAN DEVELOPMENT, COSTING, PERMITTING, NEGOTIATION AND EXECUTION OF EASEMENT FOR SITE OF OBELISK, AND OVERSIGHT OF CONSTRUCTION PROCESS IV.) COMPLETING DEVELOPMENT PROCESS FOR SECURITY CAMERA PROGRAM, INCLUDING PRICING AND INSTALLATION; V.) OBTAINING OF ADDITIONAL GRANT FUNDS FOR SECURITY CAMERAS; VI.) SELECTING AND PURCHASING OUTDOOR FURNITURE FOR PARK PLAZA AREA; VII.) OBTAINING CERTIFICATE OF COMPLETION FROM THE CITY; AND VIII.) PREPARATION OF APPLICATIONS FOR AWARDS AND PUBLIC RECOGNITION OF SENIOR CAMPUS, CULMINATING IN RECEIPT OF AARP/NAHB NATIONAL "LIVEABLE COMMUNITY AWARD" FOR THE SENIOR CAMPUS.
- DIRECTING OPERATIONS AT CORNERSTONE APARTMENTS, A LOW INCOME RENTAL APARTMENT DEVELOPMENT FOR FAMILIES, AS PART OF THE REBUILDING OF THE NORTH WASHINGTON PARK NEIGHBORHOOD OF CHICAGO. ACTIVITIES INCLUDED SUCCESSFUL APPLICATION FOR PARTICIPATION OF EVANS BUILDING IN (FREE) CEDA WEATHERIZATION PROGRAM; DEVELOPMENT OF PLANS AND CONTRACTING FOR REINFORCEMENT OF FOUNDATION WALL AT LANGLEY BUILDING; NEGOTIATION AND LETTING OF CONTRACT TO REBUILD FIRE-DAMAGED UNIT AT EVANS BUILDING; LETTING CONTRACT FOR "CAPITAL NEEDS STUDY" OF BOTH BUILDINGS. WORK ON AUDIT, TAX RETURN, BUDGET, MARKETING, SECTION 42 LOW INCOME HOUSING TAX CREDIT COMPLIANCE AND CLASS 9 ASSESSMENT COMPLIANCE.

3. DIRECTING OPERATIONS AT WILLARD SQUARE APARTMENTS, A LOW INCOME RENTAL APARTMENT COMPLEX (100 UNITS) FOR FAMILIES, INCLUDING ANNUAL REQUISITION OF TAX INCREMENT FINANCING FUNDS, SECTION 42 LOW INCOME HOUSING TAX CREDIT COMPLIANCE, REVIEW AND PARTICIPATION IN BUDGETING, MARKETING, OPERATIONS AND FINANCES. EXPLORE FEASIBILITY OF EXERCIZING YEAR 15 OPTION TO ACQUIRE EQUITY POSITION OF NATIONAL EQUITY FUND IN WILLARD SQUARE APTS. PROVIDING ASSET MANAGEMENT SERVICES AT LAKE VILLAGE EAST AND GREENWOOD PARK, 340 RENTAL APARTMENTS FOR LOW AND MODERATE INCOME FAMILIES AND THE ELDERLY LOCATED IN THE ADJACENT SOUTH KENWOOD NEIGHBORHOOD OF CHICAGO. SIGNIFICANT ATTENTION TO LVE EXTERIOR TUCKPOINTING ISSUES (INCLUDING NEGOTIATION OF REPAIR CONTRACT), AND PREPARATORY WORK IN ARRANGING FOR REBUILDING OF TWO 40 YEAR OLD ELEVATORS.

11

DIRECTING ON-GOING OPERATING ACTIVITIES AT THE MARTHA WASHINGTON APARTMENTS, A 104 UNIT ELEVATOR BUILDING FOR SENIOR CITIZENS, LOCATED ON THE NORTH CENTER SENIOR CAMPUS IN CHICAGO. ACTIVITIES INCLUDED PARTICIPATION IN BUDGETING, MARKETING, MONITORING OF FINANCIAL RESULTS, ANNUAL AUDIT AND REVIEW OF TAX RETURNS, REGULATORY COMPLIANCE AND COMPLIANCE REPORTING (RE SECTION 42 TAX CREDITS AND CLASS 9 ASSESSMENTS); ALSO ANNUAL REQUISITION OF TAX INCREMENT FINANCING REBATES. ACTIVITIES ALSO INCLUDED DIRECTING OPERATIONS OF CENTRAL GREEN CORPORATION, A NON-PROFIT ORGANIZATION (WITH LEADERSHIP AND REPRESENTATION FROM THE MARTHA WASHINGTON APARTMENTS) THAT OPERATES THE TWO COMPLETED PARKS AT THE NORTH CENTER SENIOR CAMPUS. ACTIVITIES INCLUDED BUDGETING AND BUSINESS OPERATIONS FOR THE TWO PARKS.

THIS TAX RETURN INCLUDES THE ACTIVITY FOR TACH DEVELOPMENT COMPANY LLC, EIN #87-0728951, AN ENTITY DISREGARDED FOR TAX PURPOSES. TECHNICAL ASSISTANCE CORPORATION FOR HOUSING IS THE SOLE MEMBER OF TACH DEVELOPMENT COMPANY LLC.

Form **8868** 

(Rev January 2011)

Department of the Treasury Internal Pevenue Service

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

► File a separate application for each return

OMB No 1545-1709

	quest an extension of time to file a Transfers Associated With Certain For more details on the electronic	in additional (not au ny of the forms list i Personal Benefit filing of this form v	Contracts, which must be sent isit www.irs.gov/elile and click on	me You can electronically file Fo eception of Form 8870. Informati to the IRS in paper format (s
	utomatic 3-Month Extension of			
	on required to file Form 990-T and req			
Part Lonly		ς¢,		. ,
All other cor	rporations (including 1120-C filers), pa	utnerships, REMICs	, and trusts must use Form 7004 to	request an extension of time
	ne tax returns			
Type or	Name of exempt organization			Employer identification number
print	TECHNICAL ASSISTANCE CO	ORP. FOR FOUSI	NG	23-1058125
	Number street, and room or suite no. If			· · · · · · · · · · · · · · · · · · ·
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Enter the Re	eturn code for the return that this appli	cation is for (file a se	eparate application for each return)	
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		03	Form 4720	09
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Form 8868 (Rev. 1-2011) Page 2							
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-M	lonth Extens	ion, complete on	ly Part II and ch	eck this box	▶∠	
	omplete Part II if you have already been gran						
	filing for an Automatic 3-Month Extension,						
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file	e the original (no	copies needed)		
Type or	Name of exempt organization				Employer identification number		
print	TROUNICAL ASSISTANCE COPP. FOR HOUSING				23-705A125		
File by the	Number street and room or suite no. If a P.O. box, see instructions						
extended	200 C RANDOLPH STRULT						
due date for filing your	City town or post office, state, and ZIP code. For a foreign address, see instructions						
return See	CHICAGO, IL 80601						
instructions	0.120 0.07 1.07 1.07 1.07 1.07 1.07 1.07 1.0						
Enter the Re	turn code for the return that this application is	s for (file a se	parate application	for each return)		. 0:	
Application		Return	Application	10/20/31		Return	
ls For		Code	Is For	SCL9. 1. 7.15	:1,	Code	
Form 990		01		11/2.61	59716		
Form 990-BL		02	Form 1041-A	A-4	1000 200	08	
Form 990-EZ		03	Form 4720	Alla	11 1/2/1/3 100	09	
Form 990-PF		04	Form 5227	× 100/19	10175	10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069		2011	11	
Form 990-T (trust other than above)		06	Form 8870	الرو ت الرحما		12	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a gregiously filed Form 8868							
	are in the care of RALPH BROWN	· <del></del>		- 70	-4:	<del></del>	
	No ▶ 312 315-3205		FAX No ▶ 312	7:6-0091	·····		
	nization does not have an office or place of				<del></del>	▶ [ ]	
•	r a Group Return enter the organization's fo				!f th	is is	
	group, check this box	_			▶ i and att		
	ames and EINs of all members the extension		To mo group on				
4   I request an additional 3-month extension of time until   11/15 , 20 11							
•							
Change in accounting period							
7 State in detail why you need the extension I MEORITATION SHOW A THIRD PARTY HAS MOT BEEN							
PECTIVED THIS INTOPHATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND							
ACCUPATE RETURN							
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. \$ 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							
		nor year o	verpayment and	wed as a cledi			
amount paid previously with Form 8868 8b \$							
c Balance Due Subtract line 8b from line 8a Include your payment with this form if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions							
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	of perjury 1 declare that I have examined this form and complete, and that I am authorized to prepare this !	including acc	d Verification empanying schedules	and statements and	to the best of my knowled	ge and belief	
		t '4			. 1		
Signature >	ger wiedly		Title ▶ C P	A	Date > 3 (1)	<b>)</b>	
		·			Fcrm 8868	(Rev 1 2011)	