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Form 990-PF

Department of the Trea

Return of Private Foundation

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

I reated as a Private Foundation

2010

OMB No 1545-0052

| | | enue Service Note. The fourtidation may t | | | | | | | | |
|---|---|---|------------------------------|---------------------------------------|--|---|--|--|--|--|
| | | | 10, 2010 | , and ending | DEC 31, 2010 | | | | | |
| G C | heck | all that apply: 💢 Initial return | | ormer public charity | Final return | | | | | |
| | Amended return Address change Name change | | | | | | | | | |
| Name of foundation A Employer identification number | | | | | | | | | | |
| KOCH FAMILY FOUNDATION | | | | | | | | | | |
| L | _ | <u>C/O DOLGIN AND FISCHE</u> | R, LLC | | 27-4274285 | | | | | |
| Num | bera: | nd street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | | | | | |
| | | 30 N. LA SALLE ST | | 2610 | 312-750-30 | 11 | | | | |
| City | or to | wn, state, and ZIP code | | | C If exemption application is p | ending, check here | | | | |
| | | CHICAGO, IL 60602 | | | D 1. Foreign organizations | | | | | |
| H C | heck | type of organization: X Section 501(c)(3) ex | empt private foundation | | Foreign organizations me check here and attach co | eting the 85% test, mputation | | | | |
| | Sec | ction 4947(a)(1) nonexempt charitable trust | Other taxable private founda | ation | E If private foundation sta | tus was terminated | | | | |
| 1 Fa | ır ma | rket value of all assets at end of year 🔰 🛭 Accounts | ng method: X Cash | Accrual | under section 507(b)(1) | | | | | |
| (fr | om F | | her (specify) | | F If the foundation is in a | 60-month termination | | | | |
| | | 2,000,000. (Part I, colu | mn (d) must be on cash i | basis.) | under section 507(b)(1) | | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes | | | | |
| | | necessarily equal the amounts in column (a)) | expenses per books | income | income | (cash basis only) | | | | |
| | 1 | Contributions, gifts, grants, etc., received | 2,000,000. | | | | | | | |
| | 2 | Check If the foundation is not required to attach Sch. B | | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | | | |
| | 5a | Gross rents | | | | | | | | |
| | b | Net rental income or (loss) | | | | | | | | |
| ø | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | | | | | |
| ě | 7 | Capital gain net income (from Part IV, line 2) | | 0. | | | | | | |
| Œ | 8 | Net short-term capital gain | | = | | | | | | |
| | 9 | Income modifications | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | b | Less Cost of goods sold | | | | | | | | |
| | C | Gross profit or (loss) | | | | | | | | |
| | 11 | Other income | . - | | <u> </u> | | | | | |
| | 12 | Total. Add lines 1 through 11 | 2,000,000. | 0. | | | | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | 0. | | | | |
| | 14 | Other employee salaries and wages | | | | | | | | |
| s | | Pension plans, employee benefits | - DEC | EN/ED | | | | | | |
| Se | | Legal fees | REU_ | CIVED | | | | | | |
| _ _ ben | | Accounting fees | <u> [8]</u> | 2 2011 | | | | | | |
| E Š | C | Other professional fees | AUG 2 | 2 2011 | | | | | | |
| ≅ૄ | 17 | Interest | <u> </u> | -SE | | | | | | |
| SCANNED SEP 0 8 701 Operating and Administrative E | 18 | Taxes | 1 100 m | | | | | | | |
| عَزِ ؎ | 19 | Depreciation and depletion | UGD | IIV. UI | | | | | | |
| O E | 20 | Occupancy | | | | | | | | |
| ⊼≰ | 21 | Travel, conferences, and meetings | | | | | | | | |
| ΩĘ | 22 | Printing and publications | | | | | | | | |
| ЩĒ | 23 | Other expenses | | | <u>-</u> - | | | | | |
| ₹ | 24 | Total operating and administrative | | _ | 1 | _ | | | | |
| ₹ğ. | | expenses. Add lines 13 through 23 | 0. | 0. | 0. | 0. | | | | |
| က္ထ | 25 | Contributions, gifts, grants paid | 0. | | | 0. | | | | |
| 40 | 26 | Total expenses and disbursements. | | _ | <u> </u> | _ | | | | |
| | | Add lines 24 and 25 | 0. | 0. | | 0. | | | | |
| | | Subtract line 26 from line 12: | 2 000 000 | | | | | | | |
| | | Excess of revenue over expenses and disbursements | 2,000,000. | | | | | | | |
| | | Net investment income (if negative, enter -0-) | | 0. | | | | | | |
| 0225 | | Adjusted net income (if negative, enter -0-) | L | L | <u> </u> | <u> </u> | | | | |

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KOCH FAMILY FOUNDATION

| For | m 99 | 0-PF(2010) · C/O DOLGIN AND FISCHER, | LLC | 27-4 | 1274285 Page 2 |
|------------------|-------|--|------------------------|----------------|---------------------------|
| ГР | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | |
| <u>:</u> | | Colonia Should be for gair-or-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | | | |
| | | Savings and temporary cash investments | | 2,000,000. | 2,000,000. |
| | 3 | Accounts receivable | | | |
| | | Less; allowance for doubtful accounts | _ | | <u> </u> |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| ets | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| | l | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 11 | investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | | | | | |
| _ | 16 | Total assets (to be completed by all filers) | 0. | 2,000,000. | 2,000,000. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ja ja | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | _ | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | • |
| ø | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| or Fund Balances | 24 | Unrestricted | | 2,000,000. | |
| a a | 25 | Temporarily restricted | | | |
| Ä | 26 | Permanently restricted | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| ᆫ | | and complete lines 27 through 31. | | | |
| ţ | 27 | Capital stock, trust principal, or current funds | | | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| ¥ | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ž | 30 | Total net assets or fund balances | 0. | 2,000,000. | |
| | l | | | | |
| | 31 | Total liabilities and net assets/fund balances | 0. | 2,000,000. | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| - | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | 00 | | ^ |
| | • | r amount from Part I, line 27a | | | 2,000,000. |
| | | r increases not included in line 2 (itemize) | | 2 | |
| | | lines 1, 2, and 3 | | 3 | 2 000 000 |
| | | eases not included in line 2 (itemize) | | 4 | 2,000,000. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | nlumn (h) line 30 | 5 6 | 2,000,000. |
| <u>-</u> | , via | not access of fund buildings at one of year (fine 4 filling lifts J) - Falt II, Cl | טומיזיוו (ט), וווופ טט | | Form 990-PF (2010) |

023511 12-07-10

KOCH FAMILY FOUNDATION Form 990-PF (2010) * C/O DOLGIN AND FISCHER 27-4274285 (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold Purchase (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 1a NONE b d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price plus expense of sale (or allowable) (e) plus (f) minus (g) d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (ı) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any а b d If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) N/A If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) Base period years (b) (c) Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4

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See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

KOCH FAMILY FOUNDATION Form 990-PF (2010)* C/O DOLGIN AND FISCHER, Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 0. Enter any penalty for underpayment of estimated tax. Check here | ___ | if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 0. 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded > Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 c 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. > \$ 0 • (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? Х 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 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 conflict with the state law

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

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

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Х

X

Х

7

8b

10

IL

remain in the governing instrument?

If "Yes," complete Part II, col. (c), and Part XV.

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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X

3b

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b if "Yes," did it have excess business holdings in 2010 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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| KOCH FAMILY FOUNDATION | | | | | |
|--|---|-----------------------------|--|--------------|---------------------------------|
| orm 990-PF (2010) C/O DOLGIN AND FISCHER, | LLC | | <u> 27-42742</u> | <u>85</u> | Page 6 |
| Part VII-B Statements Regarding Activities for Which F | orm 4/20 May Be I | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indir | | | | |
| any voter registration drive? | | | es X No | | 1 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | es LX No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | ın Regulations | | | Ì |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | • | | N/A | <u>5b</u> | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | - 1 |
| expenditure responsibility for the grant? | | I/A | s L No | | İ |
| If "Yes," attach the statement required by Regulations section 53.4945 | • • | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | _ | | |
| a personal benefit contract? | | Ye | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | - | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es X No | - | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors | ees, Foundation Ma | inagers, Higniy | • | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | · · | | | |
| | | (c) Compensation | (d) Contributions to | (e) f | Expense |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | accou | Expense Int, other wances |
| | to position | Citter 0) | compensation | 4110 | |
| | | | | İ | |
| SEE STATEMENT 1 | | 0. | 0. | | 0. |
| | | | | | |
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| | | | | 1 | |
| | | - | | | · · · |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (al) out between | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) to | Expense int, other |
| | devoted to position | (0) | compensation | allo | wances |
| NONE | | | | | |
| | | | | | |
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| | | | , | | |

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

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| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | lation Managers, Highly | |
|---|--|------------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, ent | er "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr | istical information such as the oduced, etc. | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | _ |
| | | - |
| 3 | · · · · · · · · · · · · · · · · · · · | |
| · · · · · · · · · · · · · · · · · · · | | <u>-</u> |
| | | 1 |
| 4 | | |
| | | |
| Port IV P C | . | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of | on lines 1 and 2 | Amount |
| 1 N/A | of files I and 2. | Amount |
| 1 1/4 | · · · · · · · · · · · · · · · · · · · | - |
| | | Ť |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| · | | |
| Total. Add lines 1 through 3 | _ | Form 990-PF (2010) |
| | | Form 3/3/U-P/F (2010) |

Form 990-PF (2010) • C/O DOLGIN AND FISCHER, LLC 27-4274285 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 2,000,000. b Average of monthly cash balances 1b c Fair market value of all other assets 1¢ 2,000,000. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2,000,000. Subtract line 2 from line 1d 3 30,000. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1,970,000. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 5,938. Minimum investment return from Part X, line 6 Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) Add lines 2a and 2b 3 938. Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 938 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 0. 1a 0. 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3ь 0. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. income. Enter 1% of Part I, line 27b 5

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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0.

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|---------------------------------------|---------------|---------------------|
| 1 Distributable amount for 2010 from Part XI, | | | | 5 020 |
| line 7 | | | | 5,938. |
| 2 Undistributed income, if any, as of the end of 2010 | | | 0 | |
| a Enter amount for 2009 only b Total for prior years: | | | 0. | |
| b Total for prior years. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | _ | | <u> </u> | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ►\$ 0. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | <u> </u> | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| · I | 0. | | | |
| (Election required - see instructions) d Applied to 2010 distributable amount | | · · · · · · · · · · · · · · · · · · · | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | <u> </u> |
| _ ` [| 0. | | | 0. |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | : | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 5,938. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |
| | | | | Form QQQ-PE (2010) |

| Part XIV Private Operating F | oundations (see ins | tructions and Part V | II-A, question 9) | N/A | 7 1200 | | |
|---|---|-----------------------------|--------------------------------|----------------------------|------------------|--|--|
| 1 a If the foundation has received a ruling of | r determination letter that | it is a private operating | | | | | |
| foundation, and the ruling is effective fo | r 2010, enter the date of t | he ruling | ▶ | | | | |
| b Check box to indicate whether the found | dation is a private operatin | g foundation described | | 4942(j)(3) or 49 | 42(<u>j)(5)</u> | | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total | | |
| investment return from Part X for | | | | | | | |
| each year listed | | | | | | | |
| b 85% of line 2a | | | | | | | |
| c Qualifying distributions from Part XII, | | | | | | | |
| line 4 for each year listed | - | | | | | | |
| d Amounts included in line 2c not | | | | | | | |
| used directly for active conduct of | | | | | | | |
| exempt activities | | | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. | | | | | | | |
| Subtract line 2d from line 2c | | | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | | | | | | |
| (2) Value of assets qualifying | | | | | | | |
| under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | |
| c "Support" alternative test - enter: | | ** : | | | . | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | | | |
| (3) Largest amount of support from | | | | | | | |
| an exempt organization | | | | | | | |
| (4) Gross investment income | | 4- 4h: | : 6 Ala a . 6 a | &C 000 | | | |
| Part XV Supplementary Info | | | ir the foundation | nad \$5,000 or mo | | | |
| Information Regarding Foundation List any managers of the foundation when the foundation with the foundation with the foundation with the foundation with the foundation with the foundation with the foundation will be a foundation wil | o have contributed more | | ntributions received by the | foundation before the clos | e of any tax | | |
| year (but only if they have contributed r | nore than \$5,000). (See Si | | | | | | |
| b List any managers of the foundation who other entity) of which the foundation ha | | | (or an equally large portio | n of the ownership of a pa | rtnership or | | |
| NONE | | | | | | | |
| 2 Information Regarding Contribut Check here ▶ ☐ if the foundation of the foundation makes gifts, grants, etc. | only makes contributions t | o preselected charitable | e organizations and does n | | | | |
| a The name, address, and telephone num STEVEN KOCH, 312-750 2012 N. MOHAWK, CHIC | -3011 | | e addressed: | | | | |
| | b The form in which applications should be submitted and information and materials they should include: | | | | | | |
| c Any submission deadlines: | | | | | | | |
| d Any restrictions or limitations on award | s, such as by geographica | il areas, charitable fields | s, kinds of institutions, or o | ther factors: | | | |
| NONE | | ., | , | | | | |
| 002001 10 07 10 | | | | | 000 DE (0040) | | |

KOCH FAMILY FOUNDATION Form 990-PF (2010) • 27-4274285 C/O DOLGIN AND FISCHER Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution **Amount** Name and address (home or business) recipient a Paid during the year NONE **≥** 3a 0. Total b Approved for future payment NONE

Total 023611 12-07-10

Form **990-PF** (2010)

0.

27-4274285 Page 12

Form 990-PF (2010) ·

C/O DOLGIN AND FISCHER, LLC

| r gross amounts unless otherwise indicated. | | ed business income | | ded by section 512, 513, or 514 | (e) |
|--|-------------------------|---------------------------------------|-------------------------------|--|------------------|
| Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exemp |
| | Code | | 0000 | | |
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| Fees and contracts from government agencies | | | | | |
| embership dues and assessments | | | | | |
| erest on savings and temporary cash | | | | | |
| vestments | | | | | |
| vidends and interest from securities | | · · · · · · · · · · · · · · · · · · · | | | |
| t rental income or (loss) from real estate: | | | | | |
| Debt-financed property | | | | | |
| Not debt-financed property | | | | | |
| t rental income or (loss) from personal | | | | | , |
| pperty | | | | | |
| her investment income | | | | | · <u> </u> |
| ın or (loss) from sales of assets other | | | | | |
| in inventory | <u>L</u> | | | | |
| t income or (loss) from special events | | | | | |
| oss profit or (loss) from sales of inventory | | | | | |
| ner revenue: | | | | | |
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| btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations | s.) | | | 13 | |
| btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) torksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie | s.) | omplishment of Ex | emp | 13 _ ot Purposes | |
| btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie | s.) es to the Acce | omplishment of Ex | cemp | ot Purposes buted importantly to the according | |
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| total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie No. Explain below how each activity for which | s.) es to the Acce | omplishment of Ex | cemp | ot Purposes buted importantly to the according | |
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Form **990-PF** (2010)

| Pan | XVII | Information Re Exempt Organ | - | s To and Transactions ar | nd Relationships With Nonc | haritable | Э | |
|-------------|------------|--|---------------------------------------|--|---|------------------|---------------|----------------|
| 1 D | ud the or | | | following with any other organization | described in section 501(c) of | | Yes | No |
| | | | | ction 527, relating to political organiz | | | 1.00 | 1 |
| | | | ation to a noncharitable exe | - · · · · · · · · · · · · · · · · · · · | | ļ | | |
| | 1) Cash | | | ompt organization of | | 1a(1) | | х |
| • | 2) Other | | | | | 1a(2) | | X |
| • | • | sactions: | | | | 14(2) | | - ^ |
| | | of assets to a noncharita | ble exempt organization | | | 1b(1) | } | X |
| • | • | | ncharitable exempt organiz | zation | | 1b(2) | | X |
| • | • | al of facilities, equipment, | | | | 1b(3) | | X |
| • | • | bursement arrangements | | | | 1b(4) | | X |
| • | • | s or loan guarantees | | | | 1b(5) | | Х |
| i | 6) Perfo | rmance of services or me | embership or fundraising so | olicitations | | 1b(6) | | X |
| | - | | uling lists, other assets, or i | | • | 10 | | Х |
| | | | - | | ays show the fair market value of the good | ds, other ass | sets, | |
| | | | | | in any transaction or sharing arrangemen | | • | |
| C | olumn (d | I) the value of the goods, | other assets, or services re | eceived. | | | | |
| (a) Line | no | (b) Amount involved | (c) Name of noncl | haritable exempt organization | (d) Description of transfers, transactions, a | and sharing ar | талдете | ents |
| | | · · · · · · · · · · · · · · · · · · · | ľ | 1/A | | | | |
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| | | | | to, one or more tax-exempt organiza | ations described | | r | . |
| | | | r than section 501(c)(3)) o | r in section 527? | | Yes | LX | ∐ No |
| <u> b ı</u> | r-Yes,- co | omplete the following sch (a) Name of org | | (h) Type of organization | (a) Department of relative | | | |
| | | | Janization | (b) Type of organization | (c) Description of relation | Jusuib | | |
| | | N/A | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | |
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| | Unde | er penalties of perfuny, I declare | e that I have xamined this retur | rn, including accompanying schedules and | statements, and to the best of my knowledge and | belief, it is tr | ue, corre | ect. |
| Sig | n and | | | ciary) is based on all information of which pro- | | | , | |
| Her | | * | 777/ | 18 15 11 | ► PRESIDENT | | | |
| | | Signature of officer or tru | ustee | Date | Title | | | |
| | | Print/Type preparer's na | | | Date Check If PT | IN | | |
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| Paid | d | STEINBERGE | $_{\rm iR}$ | AND UST | 4// 5/ | 00097 | 050 | |
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| | Only | | | | 55. | ,00 | - L | |
| | - | Firm's address ▶ 17 | 17 DEERFIELI | O RD SUITE 300S | | | | |
| | | | . זד מוקדקסקי | | Phono no / 9 4 | 71267 | 06 | ۸۸ |

Schedule E (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2010

KOCH FAMILY FOUNDATION 27-4274285 C/O DOLGIN AND FISCHER, Organization type (check one). Section: Filers of: 501(c)(Form 990 or 990-EZ) (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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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).

Page 1 of 1 of Part I

Name of organization KOCH FAMILY FOUNDATION C/O DOLGIN AND FISCHER, LLC Employer identification number

27-4274285

| Part I | Contributors | (see instructions) |
|--------|--------------|--------------------|
|--------|--------------|--------------------|

| (a) | (b) | (c) | (d) |
|------------|--|-----------------------------|--|
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 1 | STEVEN KOCH 2012 N. MOHAWK CHICAGO, IL 60614 | sss | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (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 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 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 of there is a noncash contribution) |

Name of organization KOCH FAMILY FOUNDATION C/O DOLGIN AND FISCHER, LLC **Employer identification number**

27-4274285

Noncash Property (see instructions)

| artii Honoa | | | |
|------------------------------|--|--|-----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | | | |
| | | \$ | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |
| (a) No. From | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | | |
| (a) No. irom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (20 |

| Name of or | ganization | | | | Employer identification number | | | | |
|---------------------------|---|--------------------------|------------------|--|---------------------------------------|--|--|--|--|
| | FAMILY FOUNDATION | | | | | | | | |
| C/O DO | OLGIN AND FISCHER, LLC Exclusively religious, charitable, etc., in | ndividual contributions | to section 5016 | c)(7), (8), or (10) o | 27-4274285 | | | | |
| | more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion | e columns (a) through (e |) and the follow | ng line entry For o | organizations completing | | | | |
| | \$1,000 or less for the year (Enter this info | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | ription of how gift is held | | | | |
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| | | (e) Trans | fer of gift | <u> </u> | | | | | |
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| | Transferee's name, address, ar | nd ZIP + 4 | | elationship of tra | nsferor to transferee | | | | |
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| 4 > > > | | <u>,</u> | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | ription of how gift is held | | | | |
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| | (e) Transfer of gift | | | | | | | | |
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| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | nsferor to transferee | | | | |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | eription of how gift is held | | | | |
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| | | (e) Transfer of gift | | | | | | | |
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| | Transferee's name, address, a | nd ZIP + 4 | R I | elationship of tra | nsferor to transferee | | | | |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | ription of how gift is held | | | | |
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| | Transferee's name, address, a | nd ZIP + 4 | R | lelationship of tra | nsferor to transferee | | | | |
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| FORM 990-PF | PART VIII - LIST TRUSTEES AND | STATEMENT 1 | | | |
|--|----------------------------------|--------------------------|----|---------------------------------|----|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| STEVEN KOCH 2012 N. MOHAWK CHICAGO, IL 60614 | | PRESIDENT 15.00 | 0. | 0. | 0. |
| JACOB KOCH 2012 N. MOHAWK CHICAGO, IL 60614 | | DIRECTOR 5.00 | 0. | 0. | 0. |
| REBECCA KOCH 2012 N. MOHAWK CHICAGO, IL 60614 | | DIRECTOR 5.00 | 0. | 0. | 0. |
| LEAH KOCH 2012 N. MOHAWK CHICAGO, IL 60614 | | DIRECTOR 5.00 | 0. | 0. | 0. |
| JAY DOLGIN 30 N. LASALLE ST. CHICAGO, IL 60602 | , SUITE 2610 | SECRETARY 5.00 | 0. | 0. | 0. |
| TOTALS INCLUDED OF | N 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| | are filing for an Automatic 3-Month Extension, complete | | | | • | X | | | | |
|---|--|--------------------------------|---|-----------|----------------------|-------------|--|--|--|--|
| | are filing for an Additional (Not Automatic) 3-Month Ext | | | | | | | | | |
| | complete Part II unless you have already been granted a | | | | | | | | | |
| Electro | nic filing (e-file). You can electronically file Form 8868 if y | ou need a | 3-month automatic extension of time to | o file (6 | months for a corp | oration | | | | |
| required | to file Form 990-T), or an additional (not automatic) 3-moi | nth extens | ion of time. You can electronically file Fe | orm 88 | 68 to request an e | xtension | | | | |
| of time t | o file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for Tran | sfers A | ssociated With Ce | rtain | | | | |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, | | | | | | | | | | |
| | w rs gov/efile and click on e-file for Charities & Nonprofits | | | | ·- | | | | | |
| Part_ | | | | | | | | | | |
| A corpo | ration required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and com | plete | | | | | | |
| Part I o | | | | | • | · 🔲 | | | | |
| | corporations (including 1120-C filers), partnerships, REM | ICs, and ti | rusts must use Form 7004 to request an | extens | sion of time | | | | | |
| to file in | come tax returns | | | | | | | | | |
| Type o | | Employer identification number | | | | | | | | |
| print | KOCH FAMILY FOUNDATION | | | | | | | | | |
| Ede by the | C/O STEVEN KOCH | | 27-4274285 | | | | | | | |
| File by the due date f | or Number, street, and room or suite no It a PO box, s | ee instruc | tions | | | | | | | |
| filing your return Sei | 2012 N MOHAWK | | | | | | | | | |
| instruction | city, town or post office, state, and ZIP code. For a form | oreign add | ress, see instructions | | | | | | | |
| | | • | | | | | | | | |
| Enter th | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | | | | |
| Applica | ation | Return | Application | | | Return | | | | |
| _ | auon | Code | Is For | | | Code | | | | |
| Is For Form 990 | | 01 | Form 990-T (corporation) | | | 07 | | | | |
| | | 02 | Form 1041-A | | | | | | | |
| Form 990-BL Form 990-EZ | | 03 | Form 4720 | | 08 | | | | | |
| | | 04 | Form 5227 | | | 10 | | | | |
| Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 | | | | |
| Form 990-T (trust other than above) | | | Form 8870 | 12 | | | | | | |
| 1011113 | STEVEN KOCH | 06 | | | | | | | | |
| • The | books are in the care of ▶ 2012 N. MOHAWK | - CH | TCAGO, IL 60614 | | | | | | | |
| | phone No ► 312-750-3011 | | FAX No ▶ | | | | | | | |
| | e organization does not have an office or place of busines | s in the Ur | | | | · 🗀 | | | | |
| | s is for a Group Return, enter the organization's four digit | | | is is fo | r the whole group. | check this | | | | |
| | | | | | | | | | | |
| box ▶ | request an automatic 3-month (6 months for a corporation | | | | 0.0 1.10 0.110.101.1 | <u> </u> | | | | |
| 1 | | | ition return for the organization named a | | The extension | | | | | |
| _ | for the organization's return for | n organiza | tion return for the organization named t | | 1110 0/1101101011 | | | | | |
| 13 | | ` . | | | | | | | | |
| | Calendar year or or tax year beginningDEC_ 1 ,2010 , and endingDEC_ 31 ,2010 | | | | | | | | | |
| • | Lax year beginning | 7/2" | <u> </u> | | _ | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason: | | | | | | | | | | |
| | | | | | | | | | | |
| | | My, | | | | | | | | |
| 3a l | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, | enter the tentative fax, less any | | | | | | | |
| nonrefundable credits See instructions. | | | (0) | 3a | \$ | 0. | | | | |
| | 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 3b \$ | | | | | | 0. | | | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, | | | | | | | | | | |
| by using EFTPS (Electronic Federal Tax Payment System) See instructions | | | | | \$ | 0. | | | | |
| | n. If you are going to make an electronic fund withdrawal | | | 8879 | EO for payment ins | structions | | | | |
| LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011) | | | | | | | | | | |