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## Form **990-PF**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For calendar year 2010, or tax year beginning		, and ending		
G Check all that apply: Initial return Amended return	Initial return of a f	ormer public charity	Final return	1
Name of foundation			A Employer identification	number
REVA AND DAVID LOGA		Room/suite	36-6139439	1
980 N. MICHIGAN AVE	· ·	1122	B Telephone number (312) 664-	3350
City or town, state, and ZIP code			C If exemption application is p	
CHICAGO, IL 60611		····	D 1. Foreign organizations	s, check here
	3) exempt private foundation		Foreign organizations me check here and attach co	eting the 85% test, pmputation
Section 4947(a)(1) nonexempt charitable trust    Fair market value of all assets at end of year   J   Acco	Other taxable private found unting method: X Cash	ation Accrual	E If private foundation sta	tus was terminated
(from Part II, col (c), line 16)	Other (specify)	L Accidat	under section 507(b)(1)  F If the foundation is in a	
▶\$ 1,575,900. (Part I, c	column (d) must be on cash	basis)	under section 507(b)(1)	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				
2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary	1,766.	1,766.		CMA MEMERICA 1
3 cash investments 4 Dividends and interest from securities	35,011.	35,011.		STATEMENT 1 STATEMENT 2
5a Gross rents	33,011.	33,011.		DIATEMENT Z
b Net rental income or (loss)		·		
68 Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a 7 Capital gain nel income (from Partify IMB2)	_		·	
7 Capital gain net income (from Part IV; IIIIe 2)		0.		
8 Net short-term capital-gary (				
Gloss sales less returns 10a and allowances 1 7 2041				
b Less Opst of goods sold				
c Gross profit or (loss)				
11 Other IncomeGDEN UT	36,777.	36,777.	0.	
12 Total. Add fines Through 11  13 Compensation of officers, directors, trustees, etc	30,777.	36,777.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
b Accounting fees STMT 4	5,264.	2,632.	0.	2,632.
5 b Accounting fees STMT 4	18,400.	9,200.	0.	9,200.
m C Other professional fees				<del>-</del>
18 Taxes STMT 5	2,923.	2,923.	0.	0.
19 Depreciation and depletion	104.	104.	0.	
20 Occupancy	4 005			
Z 21 Travel, conferences, and meetings	1,226.	0.	0.	1,226.
17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions of the grante paid	2,330.	1,955.	0.	375.
24 Total operating and administrative		_,,,,,,,	3.	3,3.
expenses. Add lines 13 through 23	30,247.	16,814.	0.	13,433. 262,386.
25 Continuations, girts, grains paid	262,386.			262,386.
26 Total expenses and disbursements.	292,633.	16 014	0.	275 010
Add lines 24 and 25  27 Subtract line 26 from line 12:	434,033.	16,814.	<u> </u>	275,819.
27 Subtract line 20 from line 12.  8 Excess of revenue over expenses and disbursements	-255,856.		ļ	
b Net investment income (if negative, enter -0-)		19,963.		<del></del>
c Adjusted net income (if negative, enter -0-)			0.	
023501 12-07-10 LHA For Paperwork Reduction Act Notice, s	ee the instructions.			Form <b>990-PF</b> (2010)
				1つ

<u>_</u>	 art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	<u>·                                      </u>	
	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	760,350.			
	2	Savings and temporary cash investments	60,534.	565,132.	565,132.	
	3	Accounts receivable			· · · · · · · · · · · · · · · · · · ·	
	<b>.</b>	Less: allowance for doubtful accounts				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable			<del></del>	
	'	Less; allowance for doubtful accounts				
m	l a	Inventories for sale or use				
Assets	ł .	Prepaid expenses and deferred charges		<del>-</del>	<del></del>	
As		Investments - U.S and state government obligations				
	1	Investments - corporate stock STMT 7	848,158.	848,158.	1,009,975.	
	ı	Investments - corporate bonds	040,1301	040,1300	1,000,010.	
	١	·			<del></del>	
	111	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation			<del></del>	
		Investments - mortgage loans		·		
	13	Investments - other  Land, buildings, and equipment: basis   2,978.				
	14		104.	0.	^	
	i		793.	793.	703	
	15	Other assets (describe ► OTHER RECEIVABLE )	/93.	793.	793.	
			1 660 030	1 414 002	1 575 000	
_		Total assets (to be completed by all filers)	1,669,939.	1,414,083.	1,575,900.	
		Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
≣	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	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	ľ			
ro.		and complete lines 24 through 26 and lines 30 and 31.				
ances	24	Unrestricted				
<u>a</u>	25	Temporarily restricted				
ĕ	26	Permanently restricted				
Ĕ	Ì	Foundations that do not follow SFAS 117, check here	Ì			
Ē		and complete lines 27 through 31.				
S		Capital stock, trust principal, or current funds	0.	0.		
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets or Fund Bal	29	Retained earnings, accumulated income, endowment, or other funds	1,669,939.	1,414,083.		
Š	30	Total net assets or fund balances	1,669,939.	1,414,083.		
	31	Total liabilities and net assets/fund balances	1,669,939.	1,414,083.		
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line:	30		<del></del>	
		st agree with end-of-year figure reported on prior year's return)		1	1,669,939.	
	•	amount from Part I, line 27a	2	-255,856.		
		r increases not included in line 2 (itemize)	. 3	0.		
		lines 1, 2, and 3		4	1,414,083.	
5 Decreases not included in line 2 (itemize)   5						
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,414,083.	
<u> </u>		the state of the s	(0),		Form <b>990-PF</b> (2010)	

	tibe the kind(s) of property sold (e. rehouse; or common stock, 200 st			(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NO	NE						
C					<u> </u>		
d			_		ļ		
e				Ţ-	<u></u>		· .
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) ( (e) plu	Gain or (loss) is (f) minus (	g)
a b		-	<del></del>		· · ·		
С		· · · · · · · · · · · · · · · · · · ·					
d							····
е						-	
Complete only for assets showing	g gain in column (h) and owned by	the foundation	п оп 12/31/69		(I) Gains (C	Col. (h) gain i	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any	-		not less than (from col. (f	
a							<del></del>
b							
C							
đ						<u></u>	
е							
Capital gain net income or (net cap	oital loss) $\begin{cases} If gain, also entered \\ If (loss), entered \end{cases}$	er in Part I, line D- in Part I, line	7 7	} 2		•	
3 Net short-term capital gain or (los	•			1			
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8		nu ( <i>0)</i> .		}   3			
Part V   Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Investment Ir	come		
f section 4940(d)(2) applies, leave th  Was the foundation liable for the secti f "Yes," the foundation does not quali	on 4942 tax on the distributable an fy under section 4940(e). Do not co	omplete this pa	ırt.				Yes X No
1 Enter the appropriate amount in e	ach column for each year; see instr	ructions before	making any entrie	S		_	
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying dis	stributions	Net value of nor	(c) charitable-use asse		Dıstrıbı (col. (b) dıvı	(d) ition ratio ded by col. (c))
2009		33,689.		1,902,84		-	.175363
2008		2,330.		1,662,66			.145748
2007		2,204.		477,77			.925543
2006		34,888.		815,80			.349210
2005	68	6,772.		829,42	9.		.828006
2 Total of line 1, column (d)					2		2.423870
3 Average distribution ratio for the 5 the foundation has been in existen-		on line 2 by 5,	or by the number o	of years	3		.484774
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X,	line 5			4	1	,555,115.
5 Multiply line 4 by line 3	_				5		753,879.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6		200.
7 Add lines 5 and 6	,		•		7	<u> </u>	754,079.
B Enter qualifying distributions from	Part XII line 4				8	l <u></u>	275,819.
If line 8 is equal to or greater than I		1b, and comp	lete that part using	a 1% tax rate.			2,3,013.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruc	tions)
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)	200
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<u> 399.</u>
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-)	<u> </u>
3 Add lines 1 and 2	399.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	399.
6 Credits/Payments:	
a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,827.	
b Exempt foreign organizations - tax withheld at source	
c Tax paid with application for extension of time to file (Form 8868)	
d Backup withholding erroneously withheld	
	<u>,827.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
	,428.
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 1,428 . Refunded ▶ 11	0.
Part VII-A Statements Regarding Activities	
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	es No
any political campaign?	_ X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	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?	Х
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. ▶ \$ 0 •	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
managers. ► \$ 0.	- [
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	x
If "Yes," attach a detailed description of the activities	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A 4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	X
If "Yes," attach the statement required by General Instruction T.	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
By language in the governing instrument, or	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	
	x
	<u>x</u>
If "Yes," complete Part II, col (c), and Part XV.	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	
IL	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	
	κ
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	<del>-</del>
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	$\frac{1}{X}$

Pa	irt VII-A   Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.LOGANFDN.ORG			
14	The books are in care of ► CECELIA SIMMONS  Telephone no. ► 312-66	4-3	350	
	Located at ▶980 N. MICHIGAN AVENUE, CHICAGO, IL ZIP+4 ▶60	611		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	ŀ		
_	the foreign country			
Pa	ort VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		Į	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		İ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		- 1	
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		i	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	16		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here	] ]		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2010?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		ŀ	
_	defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
a	before 2010?  Let und the end of tax year 2010, and the roundation have any undistributed income (times od and be, Part XIII) for tax year (s) beginning before 2010?			
	If "Yes," list the years ▶ , , ,			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b	l	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		$\dashv$	
٠	The provisions of section for Equipment to any of the years noted in Eq. not the years note.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		l	
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,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.) N/A	3ь	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

orm 990-PF (2010) REVA AND DAVID LOGAN FO			36-6139	439	Page
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
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 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955).	; or to carry on, directly or indir	• • • • • • • • • • • • • • • • • • • •		1	- }
any voter registration drive?			es 🔀 No		İ
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y	es X No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organizat	tion described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No 📗	ļ	ļ
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or				ļ
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described	ın Regulations		j	[
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	k here			T	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined	l		
expenditure responsibility for the grant?		Y	es 🔲 No 📗	İ	
If "Yes," attach the statement required by Regulations section 53 49	145-5(d)		-		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on		i	1	
a personal benefit contract?		Y	es 🗶 No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		ŀ	6b	X
If "Yes" to 6b, file Form 8870			ľ		
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highl	<u> </u>		
Paid Employees, and Contractors	·				
List all officers, directors, trustees, foundation managers and their	ir compensation.				
A Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	) Expense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, othei Iowances
				<u> </u>	
				1	
EE STATEMENT 9		0.	0.	,	0.
				1	
				†	
	-				
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del>                                     </del>	
· · · · · · · · · · · · · · · · · · ·					
	7	i			
Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none.	enter "NONE."			
Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."	(d) Contributions to	(e)	Expense
Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred compensation	(e) acci all	Expense ount, other owances
·	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) acci all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) acci all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) accc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) accc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) accc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) accc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e acc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e accc all	ount, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) acc all	ount, other

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-)	
	7	
<del></del>		
	┥	
		<del>-  </del>
	-	
		<del></del>
	_}	Ì
Total number of others receiving over \$50,000 for professional services	<u> </u>	<b>▶</b> 0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the luced, etc.	Expenses
1 NOT APPLICABLE		
		0.
2	*	
<u> </u>		
3		
<u> </u>		
	<del></del>	
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on l	ines 1 and 2	Amount
1 NONE	1 410 2.	Aniount
NONE		
		^
		0.
2		
The state of the s		
All other program-related investments. See instructions.		
3		
	<del></del>	<del></del>
Total, Add lines 1 through 3	<u></u>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations,	see instructions)
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	896,708.
b	Average of monthly cash balances	1b	896,708. 682,089.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,578,797.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0 •	Į.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,578,797.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,682.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,555,115.
6	Minimum investment return. Enter 5% of line 5	6	77,756.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	77,756.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	399.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	399. 77,357.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	77,357.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	77,357.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		275 010
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a   1b	275,819. 0.
	· · · · · ·	2	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	-	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:	20	
	Suitability test (prior IRS approval required)	3a	
	, , , , , , , , , , , , , , , , , , , ,	3b 4	275,819.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2/3,019.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0
c	Income. Enter 1% of Part I, line 27b	5 6	275,819.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation question of tax in those years.	Jaillies 101	the Section

## 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, line 7				77,357.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years:		0.		-
3 Excess distributions carryover, if any, to 2010:		0.		
aFrom 2005   688,061.				
b From 2006 284,888.				
c From 2007 442,204.				,
dFrom 2008 242,330.				
eFrom 2009 333,689.				
f Total of lines 3a through e	1,991,172.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 275,819.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	275,819.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	77,357.			77,357.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,189,634.			
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		· <u>-</u>		· · · · · · · · · · · · · · · · · · ·
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				0.
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	610 504			
not applied on line 5 or line 7	610,704.			
9 Excess distributions carryover to 2011.	1 570 000			
Subtract lines 7 and 8 from line 6a	1,578,930.			<del></del>
O Analysis of line 9:				
a Excess from 2006 284,888.		j		
b Excess from 2007 442, 204.		Ì		
c Excess from 2008 242,330. dExcess from 2009 333,689.		-		
		1		
e Excess from 2010 275,819.				

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for fithe foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.  The name, address, and telephone number of the person to whom applications should be addressed:
the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
a The name, address, and telephone number of the person to whom applications should be addressed:
b The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines:

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHED STATEMENT				262,386.
Total			<b>▶</b> 3a	262,386.
b Approved for future payment UNIVERSITY OF CALIFORNIA BERKELEY 121 NORTH GATE HALL BERKELEY, CA 94720		PUBLIC	SALARIES AND GENERAL SUPPORT OF INVESTIGATIVE REPORTING PROGRAM	100,000.
Total			<b>&gt;</b> 3b	100,000.

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclud	led by section 512, 513, or 514	(e)
z g. ood aouto aoo outo modulou.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4.0	(a) Business	Amount	sion	Amount	function income
1 Program service revenue:	code	711104111	code	Amount	TUTICION INCOME
a			l_		
b					
C					
· <del></del>			<del>                                     </del>		<del></del>
			$\vdash$		<del></del>
e			├		<del> </del>
f			<u> </u>		
g Fees and contracts from government agencies	1			1	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1 766	
4 Dividends and interest from securities	-		14	1,766. 35,011.	
		· · · · · · · · · · · · · · · · · · ·	14	33,011.	·
5 Net rental income or (loss) from real estate:			$\sqcup \sqcup$		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			i i		<u> </u>
property	i			1	
7 Other investment income	<del></del>		├──┼		
8 Gain or (loss) from sales of assets other			1 1	l	
than inventory					
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	j	~	1		
•	1		1 1		
	<u> </u>		-		···········
	<b></b>				
C					
d	!!!				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		36,777.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>		L L	13	
(See worksheet in line 13 instructions to verify calculations.)				13	30,777.
		-		· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities to	the Acco	implishment of Ex	empt	Purposes	
				<u>-</u>	
Line No. Explain below how each activity for which incom			contribu	ited importantly to the accomp	dishment of
the foundation's exempt purposes (other than b	y providing fur	nds for such purposes)			
					· · · · · · · · · · · · · · · · · · ·
				<del></del>	<del></del>
					<del></del>
					<u> </u>
					<del></del>
·				· · ·	<del></del>
					<del></del>
		<u>.</u>		· · · · · · · · · · · · · · · · · · ·	<del></del>
					<del></del>
				<del></del> "	<del> </del>
				<del>-</del>	
		<del></del>			
				<del></del>	
023621 12-07-10					

	• •				•	•	•
Form 990-	(	AND DAVID LOGAN egarding Transfers To		36-6 and Relationships With Non-	139439 charitable		ge 13
	Exempt Organ	nizations	<del></del>	<u> </u>			
. –	•	irectly engage in any of the followi	• •	* ,		Yes	No
	•	c)(3) organizations) or in section 5		nizations?			
	, ,	tation to a noncharitable exempt or	ganization of:				
(1)					1a(1)		X
	Other assets				1a(2)		Х
	transactions:						
• • •	Sales of assets to a noncharita	· •			1b(1)		X
٠.		oncharitable exempt organization			1b(2)	-	X
• •	Rental of facilities, equipment,				1b(3)		X
` '	Reimbursement arrangements	5	-		1b(4)		X
• •	oans or loan guarantees				1b(5)		X
		embership or fundraising solicitation			1b(6)		X
	• • • •	ailing lists, other assets, or paid en		was about the few modulet value of the co-	1c		
	•		• •	ways show the fair market value of the god ie in any transaction or sharing arrangeme		eis,	
		other assets, or services received.		ie in any transaction or snaring arrangeme	5111, 5110W III		
(a)Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions	and sharing arr	anneme	
(a) Ento No	(b)/imodition	N/A	- Ontompt organization	(a) Basington of Buristas, Buristania	, and sharing air	angeme	
		11/22					
			····	<del></del>		_	
			"				
							_
ın se		ctly affiliated with, or related to, one or than section 501(c)(3)) or in sec		zations described	Yes	X	) No
<u> </u>	(a) Name of org		(b) Type of organization	(c) Description of relat	ionship		
	N/A			(, , , , , , , , , , , , , , , , , , ,			
					<del></del>		—

	ndation directly or indirectly affiliated with, or related to, one		is described	
ın section	501(c) of the Code (other than section 501(c)(3)) or in sec	tion 527?		Yes X No
b If "Yes," co	omplete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of	relationship
	N/A			
	~ AA			
Sign Unde	r penaltie of det, I declare that mave examined this return, includ complete. The tiral or of preparer (other than tampayer or fiduciary) is b		•	•
	Signatur Long fiver or trustee	Date	Title	
Pale	Print/Type prepare shame Preparer's s	<i>7 1/ /</i> . \	Check if self- employed	P00285746
Preparer Use Only	Firm's name ► RSM MCGLADREY INC		Firm's EIN ▶	
	Firm's address ► ONE SOUTH WACKER CHICAGO, IL 60606	,		312-634-3400

Part XV - Supplementary Information - Line 3a

Name	Address	Purpose of Grant*	Amount
Restricted Grants			
University of California Berkeley	121 North Gate Hall, Berkeley, CA 94720	Logan Symposium	70,000.00
University of California Berkeley	121 North Gate Hall, Berkeley, CA 94720	Investigative Reporting (matching gift)	50,000.00
Center for Documentary Studies-Duke University	1317 W. Pettigrew, Durham, NC 27705	The Jazz Loft Project	55,000.00
Americans for Oxford, Inc.	500 5th Ave., New York, NY 10110	Institute of Archaeology	30,000.00

### Nonrestricted Grants

AARP Foundation American Tinnitus Association Association of Small Foundations CJE SeniorLife	601 E. Street, NW, Washington, DC 20049 P.O. Box 5, Portland, OR 97207 1720 N. Street, NW, Washington, DC 20036 3003 W. Touhy Ave., Chicago, IL 60645	136.00 50.00 1,200.00 300.00
National Public Housing Museum Our Family Coalition Providence House San Francisco Jewish Film Festival Shriver National Center on Poverty Law The Grabhorn Institute The Working Group United Ostomy Association Wendy Will Case Cancer Fund	203 N. Wabash, Ste. 1800, Chicago, IL 60601 870 Market St., Ste.872, San Francisco, CA 94102 540 23rd St., Oakland, CA 94612 145 Ninth St., Ste. 200, San Francisco, CA 94103 50 E. Washington, Ste. 500, Chicago, IL 60601 1802 Hays St., San Francisco, CA 94129 510 16th St., Ste. 502, Oakland, CA 94612 P.O. Box 512, Northfield, MN 55057 190 S. LaSalle St., Ste. 1700, Chicago, IL 60603	25,000.00 6,000.00 3,600.00 2,500.00 10,000.00 5,000.00 100.00 1,000.00

TOTAL 262,386.00

Foundation Status. All of the above charities are public charities

<sup>\*</sup>Unless otherwise noted, all of the above contributions are for the general charitable, religious, scientific, literary, or educational activities of each donee

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

. . . . .

990-PF

Current Year Deduction	104.	0	104.	TC Section 179 Salvare Bonnie Common Bonnester
Current Sec 179			0	I Guida
Accumulated Depreciation	1,391.	1,483.	2,874.	
Basis For Depreciation	1,495.	1,483.	2,978.	Section 170 Cal
Reduction In Basis	ig.		0	
Bus % Excl			-	
Unadjusted Cost Or Basis	1,495.	1,483.	2,978.	(D) - Asset disposed
Line No	16	16		
Life	7.00	5.00		
Method	SL	SL		
Date Acquired	071003SL	072503SL		
Description	10FFICE FURNITURE	2COMPUTER & PRINTER	DEPR	
Asset		.,		028 102 05-01-10

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CAS	SH INVE	STMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST INCOME				_	1,76	6.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	COLUMN A		=	1,76	6.
FORM 990-PF DIVIDEN	DS AND INTE	CREST FROM S	SECURIT	IES	STATEMENT	2
SOURCE	GROS	S AMOUNT		L GAINS DENDS	COLUMN (A) AMOUNT	ı
DIVIDEND INCOME		35,011.		0.	35,01	1.
TOTAL TO FM 990-PF, PART I,	LN 4	35,011.	•	0.	35,01	1.
FORM 990-PF	LEGA	L FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED ET INCOME	(D) CHARITAE PURPOSE	
LEGAL FEES	5,264	2,6	32.	C	2,63	2.
TO FM 990-PF, PG 1, LN 16A	5,264	2,6	32.	C	2,63	2.
FORM 990-PF	ACCOUNT	ING FEES	=		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED ET INCOME	(D) CHARITAB PURPOSE	
ACCOUNTING FEES	18,400	9,2	200.	0	9,20	0.
TO FORM 990-PF, PG 1, LN 16B	18,400	9,2	100.	0	9,20	0.

FORM 990-PF	TAX	ES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FOREIGN TAXES	2,923.	2,923.		0.	0.	
TO FORM 990-PF, PG 1, LN 18	2,923.	2,923.	(	0.	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FOUNDATION NOTICES & FEES DUES & SUBSCRIPTIONS INSURANCE EXPENSE OPERATING EXPENSES - OFFICE BANK SERVICE CHARGES	13. 1,265. 725. 42. 285.	0. 1,265. 363. 42. 285.	(	0.	3. 0. 52. 0.	
TO FORM 990-PF, PG 1, LN 23	2,330.	1,955.	(	0. 37	75.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE	1	
COMCAST CORP SPECIAL 5,000 SH NOVARTISA G 10,000 SHS VODAFONE GROUP PLC	HS		123,930. 508,028. 216,200.	156,07 589,50 264,40	0.	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		848,158.	1,009,97		

FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	RINVESTMENT	STAT	EMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATIO		K VALUE
OFFICE FURNITURE COMPUTER & PRINTER	1,495. 1,483.	1,49		0.
TOTAL TO FM 990-PF, PART II, LN 1	2,978.	2,97	/8. ====================================	0.
	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
REVA LOGAN 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	DIRECTOR 0.00	0.	0.	0.
DAVID LOGAN (DECEASED 1/22/11) 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	SEC/TREASURER/ 20.00	DIRECTOR 0.	0.	0.
JONATHAN LOGAN 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	PRESIDENT/DIRE 20.00	CTOR 0.	0.	0.
DANIEL LOGAN 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	VICE-PRESIDENT 0.00	/DIRECTOR 0.	0.	0.
RICHARD LOGAN 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	VICE-PRESIDENT 0.00	/DIRECTOR 0.	0.	0.
BEN ROTHBLATT 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	DIRECTOR 2.00	0.	0.	0.
CECELIA A. SIMMONS 980 N. MICHIGAN AVENUE 1122 CHICAGO, IL 60611	DIRECTOR 15.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT 10

NAME OF MANAGER

DAVID LOGAN (DECEASED 1/22/11) JONATHAN LOGAN DANIEL LOGAN RICHARD LOGAN

# 4942(h)(2) Election As to the Treatment of Qualifying Distributions

Reva and David Logan Foundation 980 N. Michigan Avenue, Suite 1122 Chicago, IL 60611 FEIN: 36-6139439

FYE: December 31, 2010

Pursuant to IRC Section 4942(h)(2) and Regulations 53.4942(a)-3(d)(2), the above referenced foundation hereby elects to treat current-year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of corpus.

(Signature)

Jonathan LOGAN

(Name)

(Title)

## Form **8868** (Rev. January 2011)

(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

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶	X
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.	
	nic filing (e-file). You can electronically file Form 8868 if y			-	•	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	tension
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 Trans	sfers /	Associated With Cer	tain
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	ctronic filing of this f	orm,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	€. Only su	bmit onginal (no copies needed).			
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and corr	plete		
Part I or	ıly					
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
to file in	come tax returns.					
Type or	Name of exempt organization			Emp	loyer Identification	number
print	}			İ		
	REVA AND DAVID LOGAN FOUNDA	MOITA		3	6-6139439	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
filing your return See	980 N. MICHIGAN AVENUE, NO	. 112	2			
instruction		reign add	ress, see instructions.			
	CHICAGO, IL 60611	•				
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
ls For		Code	is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		03 Form 4720				09
Form 99			04 Form 5227			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	0-T (trust other than above)	06	Form 8870	_		11
roini 55	CECELIA SIMMONS		1 OHH 0070			12
A Thol	pooks are in the care of > 980 N. MICHIGAN		WIE - CHICAGO II. 60	611		
	hone No. ► 312-664-3350	<u> </u>	FAX No. >	<u> </u>		
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit (			- in <b>fa</b> i	, , , , , , , , , , , , , , , , , , , ,	L
box >	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation			_	ers the extension is	ior.
<b>1</b> In		-	•		The automaton	
=		corganiza	tion return for the organization named a	DOV <del>O</del> .	The extension	
	for the organization's return for:    X   calendar year 2010 or					
			al an altern			
	tax year beginning	, an	d ending		<u>.</u> .	
- 14	n a contract to the contract t					
2 lf1	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Linitial return LiFina	i retun	n	
Ł	Change in accounting period					
			····		<del></del>	
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		٠. ا	00-
nonrefundable credits. See instructions. 3a \$ 1,8					<u>,827.</u>	
b lf1	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$ 1	<u>,827.</u>
с Ва	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution	. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-1	EO for payment insti	uctions.

Form 886	68 (Rev. 1-2011)						Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this b	ох		-	• X
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868.		<del></del>
	are filing for an Automatic 3-Month Extension, comple						
Part II				onies	needed).		
Type or	Name of exempt organization		, mo trio triginar prio	Employer identification			n number
print	REVA AND DAVID LOGAN FOUNDA		3	86-613	39439		
Number, street, and room or suite no. If a P.O box, see instructions the date for 980 N. MICHIGAN AVENUE, NO. 1122							
filing your return. See instructions	City, town or post office, state, and ZIP code. For a f CHICAGO, IL 60611	oreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				0 4
Application	on	Return	Application				Return
ls For		Code	Is For		.,		Code
Form 990		01	*				
Form 990-	·BL	02	Form 1041-A	<del></del> -			08
Form 990-	EZ	03	Form 4720				09
Form 990	······································	04	Form 5227				10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form <b>9</b> 90-	T (trust other than above)	06	Form 8870				12
• The boo	not complete Part II if you were not already granted CECELIA SIMMONS oks are in the care of   980 N. MICHIGAN	S				868	
Telepho	one No ► 312-664-3350		FAX No ▶				
<ul> <li>If the or</li> </ul>	rganization does not have an office or place of business	s in the Un	ited States, check this box			· •	
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) If thi	s is fo	r the whol	e group,	check this
box 🕨 🗀	. If it is for part of the group, check this box						
4 Ireq			BER 15, 2011				
5 For c	calendar year $2010$ , or other tax year beginning		, and ending				
6 If the	e tax year entered in line 5 is for less than 12 months, cl Change in accounting period	heck reaso	on Initial return	Final r	eturn		
7 State	e in detail why you need the extension						
	DITIONAL TIME IS NEEDED TO G	SATHER	THE INFORMATION NE	CES	SARY	TO F	LE A
CON	MPLETE AND ACCURATE RETURN.		***				
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, en	iter the tentative tax, less any				
	efundable credits. See instructions.			8a	s		399.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any i	refundable credits and estimated		<u> </u>		
	ayments made Include any prior year overpayment alk	•					
	iously with Form 8868.	3ob ao a	order and any amount paid	8b	s	1	,827.
	nce due. Subtract line 8b from line 8a. Include your pay	ment with	this form if required, by using				7
	'S (Electronic Federal Tax Payment System) See instru		time form, in required, by coming	8c	s		0.
	2 4		d Verification				
Inder penalti is true, cori	ies of perjury, I declare that I have examined this form, including rect, and complete, and that I am authorized to grepare this for	no accompa		best o	t my knowl	edge and b	elief,
ignature 🕨	1 mil h. Mitte >			Date	/	115/1	<u>(</u>
					Form	1 8868 (R:	ov 1 2011)