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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

OMB No 1545-0052

Interr	al Hev	enue Service / N		be able to use a copy of this			
For	alen	dar year 2010, or tax year	r beginning JUI	1, 2010	, and ending	JUN 30, 2011	•
G	heck	all that apply	Initial return	Initial return of a fo	ormer public charity	Final return	1
			Amended return	Address chan	ge 🔲	Name change	
Nar	ne of	foundation				A Employer identification	number
L		THE O'MALL	EY FOUNDATI	ON		36-4264521	
Nun	nber au	nd street (or PO box number if	f mail is not delivered to street	address)	Room/suite	B Telephone number	
		496 PHILLI	PS AVENUE	<u> </u>			
Crty	or to	own, state, and ZIP code				C If exemption application is a	pending, check here
		GLEN ELLYN	<u> </u>			D 1. Foreign organization	s, check here
H_C	_		X Section 501(c)(3) ex			Foreign organizations me check here and attach or	eeting the 85% test, omputation
<u>_</u>		ction 4947(a)(1) nonexem		Other taxable private founda		E If private foundation sta	itus was terminated
		rket value of all assets at e	·	=	Accrual	under section 507(b)(1)(A), check here
		Part II, col. (c), line 16)		ther (specify)	 	F If the foundation is in a	
<u> </u>	•			mn (d) must be on cash i	basis.)	under section 507(b)(1	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Pa	rt i	Analysis of Revenue and (The total of amounts in columnecessarily equal the amount	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for chantable purposes
				<u> </u>	income		(cash basis only)
	1	Contributions, gifts, grant		22,186.		N/A	
	2		n is not required to attach Sch. B orary				
Revenue	3	Interest on savings and temporary cash investments		36.	36.		STATEMENT 1
	4 50	Dividends and interest from securities Gross rents Net rental income or (loss)				<u> </u>	DIALEPENI I
	oa b			RE	CEIVED		
		Net gain or (loss) from sale of a		675.	မြ		
	h	Gross sales price for all	13,541.	ig FE			
	7	assets on line 6a Capital gain net income (from l		[63] · · ·	67/5		· · · · · · · · · · · · · · · · · · ·
ĸ	_	Net short-term capital gail		L.	<u> </u>		
	9	Income modifications			DEN, UT		
	10a	Gross sales less returns and allowances					* 42
	b	Less Cost of goods sold				,	
	C	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 throug	<u>h 1</u> 1	22,897.	711.		
	13	Compensation of officers, dire	ectors, trustees, etc	0.	0.		0.
	14	Other employee salaries a	and wages				
ç	15	Pension plans, employee					1 0 5 5
nses	16a	Legal fees	STMT 2	1,900.	635.		1,265.
ed)	b	Accounting fees					
Ü	_ C	Other professional fees					
į	17	Interest	STMT 3	15.	15.		<u> </u>
stre	10	Taxes		13.	13.	1	0.
<u>:</u>		Depreciation and depletio)Π				
Ę,	21	Occupancy Travel, conferences, and	montings				
5	22	Printing and publications	•				
<u> </u>	23	Other expenses	STMT 4	61.	61.		0.
딅	b c 17 18 19 20 21 22 23 24 1 25 26	Total operating and adm		01.	<u> </u>		1
9	_	expenses. Add lines 13 t		1,976.	711.		1.265
ō	25	Contributions, gifts, grant	-	13,380.			1,265.
	26	Total expenses and disb					1
	7	Add lines 24 and 25		15,356.	711.		14,645.
	_		12				
	(7.)			7,541.			
	b	Net investment income ((if negative, enter -0-)		0.		
===	<u> </u>	Adjusted net income (if n	negative, enter -0-)			N/A	
0235	U1						- 000 DE (00.0)

Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	`
	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	4,798.	2,983.	2,983.
2	Savings and temporary cash investments			
3	Accounts receivable			
- 1	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
	Less allowance for doubtful accounts ▶			
5	. •			-
6	A			
'	disqualified persons			
١,	Other notes and loans receivable			
'	Less allowance for doubtful accounts		1	
؞ ا ؞			_	
ভ ৷ ু	Inventories for sale or use			
SS				
7 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 5	0.	9,356.	10,720.
	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	······································		
- 1	Less: accumulated depreciation		Ì	
15	Other assets (describe			
''	Other assets (describe >			
145	Total assets (to be completed by all filers)	4,798.	12,339.	13,703.
17		4/1501	12/557.	13,703.
- 1	· ·			
18				
8 19				
Liabilities				
E 21	10.00 m			
_ 22	? Other liabilities (describe ►)			
			_	
23		0.	0.	
	Foundations that follow SFAS 117, check here			
6	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
or Fund Balanc	Temporarily restricted			
<u>m</u> 26	Permanently restricted			
፭	Foundations that do not follow SFAS 117, check here			
띠	and complete lines 27 through 31.			
Ö 27	•	0.	0.	
Assets 55		0.	0.	
€ 29		4,798.	12,339.	
₹ 30		4,798.	12,339.	
_				
31	Total liabilities and net assets/fund balances	4,798.	12,339.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Par	till Analysis of Changes in Net Assets or Fund B	alances		
1 Tol	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)		1	4,798.
	ter amount from Part I, line 27a		2	7,541.
	ner increases not included in line 2 (Itemize)			7,341.
	d lines 1, 2, and 3		3	12,339.
			4	12,339.
	creases not included in line 2 (Itemize)	aluman (b.) Ive e 00	5	12,339.
<u>U 10</u>	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		
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Ë.

Part IV Capital Gains	and Losses for Tax on Ir	vestment	Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) (b) How acquired P - Purchase D - Donation					(c) Date a (mo , da		(d) Date sold (mo , day, yr)		
					09/2	0/10	03/22/11		
							09/2		09/20/10
c 150 SHRS SCHWA	B S&P 500 INDEX	FD	_			D	12/3	1/10	05/11/11
đ	· 								
е		1		L.,		i_			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	it or other basis xpense of sale					in or (loss (f) minus	
a 2,029.			1,80						226.
b 8,326.			8,34						<22.
c 3,186.			2,71	5.					471.
<u>d</u>				-					
<u>e</u>		<u> </u>		\dashv					
Complete only for assets showin	g gain in column (h) and owned by							ol (h) gain ot less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (I), if any					(from col	(h))
a									226.
b			 						<22.
С									471.
d									
<u>e</u>		l				т			
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the l			}	2				675.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6)							
If gain, also enter in Part I, line 8,		(-)		Ĵ				_	
If (loss), enter -0- in Part I, line 8				للـ	3	<u> </u>		N/A	<u> </u>
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private	foundations subject to the section of	4940(a) tax on	net investment in	come	9)				
If section 4940(d)(2) applies, leave th	nis part blank								
, , , , , ,	·								
Was the foundation liable for the sect			•	nod?					Yes X No
If "Yes," the foundation does not qual 1 Enter the appropriate amount in 6	rfy under section 4940(e). Do not co each column for each year, see instr								
(a)	T	uctions before	making any biling				$\overline{}$		(d)
Base period years	(b) Adjusted qualifying dis	stributions	Net value of no	(C) ncha		-use assets	1	Distri	bùtión ratio vided by col. (c))
Calendar year (or tax year beginnii	ing in /	4,921.				3,447		(cor (b) di	1.109616
2009		5,350.				6,059			1.578554
2007		0,069.	!			8,304		-	.415473
2006		2,260.	- · · · · · · · · · · · · · · · · · · ·			8,611			.379792
2005		2,839.				1,247			.180204
		,			·				<u> </u>
2 Total of line 1, column (d)							2		3.663639
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.	or by the number	of ve	ars				
the foundation has been in exister	•	··· , -,	o. o,	J. , .			3		.732728
4 Enter the net value of noncharitat	ole-use assets for 2010 from Part X,	line 5					4_		11,614.
5 Multiply line 4 by line 3							5		8,510.
6 Enter 1% of net investment incon	ne (1% of Part I line 27h)						6		0.
	(
7 Add lines 5 and 6							7		8,510.
8 Enter qualifying distributions from Part XII, line 4					8		14,645.		
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and comp	piete that part usin	ig a 1	% tax	rate			

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 494	0(e), or 4	1948	- see ir	stru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent	ter "N/A" on line 1)					
	Date of ruling or determination letter (attach copy of letter if nece	ssary-see instructions	s)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	•	1_1_				0.
	of Part I, line 27b		ŀ			•		
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I, line 12, col (t	» J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth		,	2	1			0.
3	Add lines 1 and 2	•		3		•		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ners enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	,		5				0.
	Credits/Payments				····			,
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
	Exempt foreign organizations - tax withheld at source	6b		1				
	Tax paid with application for extension of time to file (Form 8868)	6c		1				
	Backup withholding erroneously withheld	6d		1				
	Total credits and payments Add lines 6a through 6d			7	1			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	hed		8	 			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	iicu	•	9	 			0.
	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	اا	efunded 🟲	11	 			
	rt VII-A Statements Regarding Activities	<u> </u>	Ciuliucu P					
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participat	e or interven	in			Yes	No
10	any political campaign?	ition of did it participat	c or interven	,	ŀ	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	ae /eaa inetriictione for	definition\2		<u> </u>	1b		X
v	If the answer is "Yes" to 13 or 1b, attach a detailed description of the activities and	•	•	od or	<u> </u>			
	distributed by the foundation in connection with the activities.	copies of any materi	ais publish	a or				
	Did the foundation file Form 1120-POL for this year?				ĺ	1c		х
	•	Jaar			ŀ	- 16		
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation \$\bigs\\$ \$ 0. (2) On foundation managers		0.					
_				<u>'</u>				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure managers \blacktriangleright \$	ute tax iiiipuseu uii ivu	iiuativii					
2		co				2	1	х
2	2 Has the foundation engaged in any activities that have not previously been reported to the IRS?							
•	If "Yes," attach a detailed description of the activities.	etrument educios of in						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		corporation,	UI	1	•		х
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				}	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	•		N.	I/A	<u>4a</u>		Α_
	If "Yes," has it filed a tax return on Form 990-T for this year?			1,	'' A	4b	-	Х
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				}	5		_ A
•	If "Yes," attach the statement required by General Instruction T.	ho.						
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied et	ner						
	By language in the governing instrument, or	. d						
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict	with the star	e iaw			Х	1
_	remain in the governing instrument?				}	<u>6</u>	X	-
′	Did the foundation have at least \$5,000 in assets at any time during the year?				ŀ	7	<u> </u>	
	If "Yes," complete Part II, col. (c), and Part XV.	. 🛌						
88	Enter the states to which the foundation reports or with which it is registered (see instruction	is) –						
	IL							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or desi	gnate)			_	1,7	1
_	of each state as required by General Instruction G? If "No," attach explanation				,	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec		2(j)(5) for cal	endar			l	,,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co		,	3 M3 4 C		9	1,	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedul	e listing their names and ac	ddresses (<u>rmts</u>	. 6	10	<u>X</u>	L

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	equired (contin	ued)	
5a During the year did the foundation pay or incur any amount to			T	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ctly,		
any voter registration drive?		Ye	s 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described in	n Regulations	,_	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
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 f		/- <u> </u>		
expenditure responsibility for the grant?		/A LYe	s No	
If "Yes," attach the statement required by Regulations section 53.494	· ·			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		□	
a personal benefit contract?		∟ Ye	s X No	5b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ!	5b X
If "Yes" to 6b, file Form 8870.	.h		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		TE	· — . · ·	7b
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust	· · · · · · · · · · · · · · · · 	nagore Highly		70
Part VIII Paid Employees, and Contractors	ees, i oulluation ma	ilayers, iliying		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
LEMARIE O'MALLEY		RECTOR	,	
496 PHILLIPS AVE.				
GLEN ELLYN, IL 60137	1.00	0.	0.	0.
CHRISTOPHER T. O'MALLEY	TREASURER, DI	RECTOR		
496 PHILLIPS AVE.				
GLEN ELLYN, IL 60137	1.00	0.	0.	0.
PHYLLIS O'MALLEY	SECRETARY, DI	RECTOR		
2740 KELLY AVE.				
EXCELSIOR, MN 55331	1.00	0.	0.	0.
			1	
	1			
2 Compensation of five highest-paid employees (other than those inc	duded on line 1) If none	enter "NONE "		
2 Compensation of the mignest-paid employees former trian those inc	(b) Title, and average	enter HONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	allowalices
NONE	_			
			-	
	1			
	1			
	1			
Total number of other employees paid over \$50,000			>	_ 0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	auon managers, nigniy	
3 Five highest-paid independent contractors for professional services. If none, enter	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 station number of organizations and other beneficiaries served, conferences convened, research papers pro-	stical information such as the duced, etc	Expenses
1 NONE		
		0
2		0.
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1 NONE		
		0.
2		
All other program-related investments. See instructions 3 NONE		
		0.
Total. Add lines 1 through 3	<u> </u>	0.

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a	8,008.
_	Average of monthly cash balances	1b	8,008. 3,783.
c	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	11,791.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	ĺ 2 ĺ	0.
3	Subtract line 2 from line 1d	3	11,791.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	177.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	11,614.
3	Minimum investment return. Enter 5% of line 5	6	581.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	581.
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)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	581.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	581.
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	581.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	14,645.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Surtability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	14,645.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,645.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation	auglifies for the	caction

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4940(e) reduction of tax in those years

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				581.
2 Undistributed income, if any, as of the end of 2010				, , , , , , , , , , , , , , , , , , ,
a Enter amount for 2009 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years	,			11010111
	**************************************	0.	· · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2010				
a From 2005 7, 260.				
b From 2006 22, 300.				
c From 2007 20, 139.				
d From 2008 25,350.				
e From 2009 14,921.	00 050			
f Total of lines 3a through e	89,970.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 \triangleright \$ 14,645.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.	Haladidi''	###*
c Treated as distributions out of corpus	14 645			
(Election required - see instructions)	14,645.			
d Applied to 2010 distributable amount	0.			0.
e Remaining amount distributed out of corpus	581.	······································		581.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d) the same amount must be shown in column (a))	361.	······································		581.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	104,034.			
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		,	- Marridge	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	6 630			
not applied on line 5 or line 7	6,679.			
9 Excess distributions carryover to 2011.	07 255			
Subtract lines 7 and 8 from line 6a	97,355.			·····
10 Analysis of line 9				
a Excess from 2006 22,300. b Excess from 2007 20,139.		-		
		•		
14 001				
14 545				
e Excess from 2010 14,645.				Form 990-DE /2010\

	ALLEY FOUND		A guantie = O\		4204521 Page
Part XIV Private Operating Fo			-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the raling is effective for		<u> </u>	-	74040(3/2) [1040(1)(5)
b Check box to indicate whether the founda	Tax year		Prior 3 years	☐ 4942(J)(3) or ☐	J 4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	(4) 20.0	(8) 2000	(6) 2000	(4) 2007	(0) 10121
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		i			
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,			ļ		
dividends, rents, payments on securities loans (section		1			
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or	more in assets
at any time during the		instructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation who year (but only if they have contributed m			inbutions received by t	ne foundation before th	e close of any tax
SEE STATEMENT 7	1010 (11a11 \$5,000) (000	30000011 307 (4)(2) /			
b List any managers of the foundation who	own 10% or more of t	the stock of a corporation	(or an equally large no	tion of the ownership o	of a nartnership or
other entity) of which the foundation has			(or an equally large por	tion of the ownership t	a partnership of
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loar	n, Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation of		• • • •	-	s not accept unsolicited	requests for funds If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone number	per of the person to who	om applications should be	addressed		<u> </u>
SEE STATEMENT 8					
b The form in which applications should b	e submitted and inform	ation and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographi	cal areas, charitable fields	, kinds of institutions, o	or other factors	
	- <u>-</u>	· . <u>-</u> -		 -	
023601 12-07-10					Form 990-PF (201

Name and address (home or business) a Paid during the year ST. JOHN CANTIUS CATHOLIC NOT CHURCH 825 N. CARPENTER ST. CHICAGO, IL 60622-5499	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient CHURCH	Purpose of grant or contribution DONATION SCHOLARSHIP TO ATTEND UNIV OF	Armount 11,380.
Name and address (home or business) a Paid during the year ST. JOHN CANTIUS CATHOLIC N. CHURCH 825 N. CARPENTER ST. CHICAGO, IL 60622-5499 CASSANDRA GIERSZEWSKI 1442 PARK DR MOUND, MN	show any relationship to any foundation manager or substantial contributor	status of recipient	CONTRIBUTION DONATION SCHOLARSHIP TO ATTEND UNIV OF	11,380.
Name and address (home or business) a Paid during the year ST. JOHN CANTIUS CATHOLIC N. CHURCH 825 N. CARPENTER ST. CHICAGO, IL 60622-5499 CASSANDRA GIERSZEWSKI 1442 PARK DR MOUND, MN	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION DONATION SCHOLARSHIP TO ATTEND UNIV OF	11,380.
ST. JOHN CANTIUS CATHOLIC NOT CHURCH 825 N. CARPENTER ST. CHICAGO, IL 60622-5499 CASSANDRA GIERSZEWSKI 1442 PARK DR MOUND, MN			SCHOLARSHIP TO ATTEND UNIV OF	
1442 PARK DR MOUND, MN	ONE	N/A	UNIV OF	2,000.
			WISCONSIN-STEVEN'S POINT	
			▶ 3a	13,380
b Approved for future payment MADELYN WARLOF 3021 HIGHLAND BLVD MOUND, MN 55364	IONE		SCHOLARSHIP TO ATTEND	2,000
Total		<u> </u>	▶_3b	2,000

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		by section 512, 513, or 514	(e)
2	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a	_				
b	-		-		
C	-		\bot		
d	_				
e	_				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	36.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1		
property		<u></u> .			
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					67
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b	-				
C	_				
d	-				
· · · · · · · · · · · · · · · · · · ·	-	······································	0.	36.	67.
12 Subtotal Add columns (b), (d), and (e)	L	············	0.	·	71
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations)				·	.
Part XVI-B Relationship of Activities	to the Accon	oplishment of	Exempt F	Purposes	
Line No. Explain below how each activity for which in	nome is reported in	volume (a) of Part VI	/I_A contribute	nd importantly to the accom	nlichment of
the foundation's exempt purposes (other tha				tu miportaintly to the accom	phoninent of
N/A	on by promong tame	o tot obott parpooto	<u>'</u>		
				 	

	the foundation's exempt purposes (other than by providing funds for such purposes)	
	N/A	_
		_
		<u> </u>
022021		

THE O'MALLEY FOUNDATION

Part X	Information Re Exempt Organ		sfers To a	nd Transactions	and Relations	ships With Nonc	haritable	 -	
1 Did th	ne organization directly or indi		of the followin	g with any other organizat	ion described in sec	tion 501(c) of		Yes	No
	ode (other than section 501(c)								
a Trans	fers from the reporting found:	ation to a noncharital	ble exempt org	janization of					
(1) (Cash						1a(1)		X
(2) (Other assets						1a(2)	ļ	X
	transactions								v
	Sales of assets to a nonchanta						1b(1)	-	X
• •	Purchases of assets from a no.	· ·	rganization				1b(2)		X
	Rental of facilities, equipment,						1b(3)		X
• •	Reimbursement arrangements						1b(4)	-	X
	oans or loan guarantees. Performance of services or me	mharchin ar fundrais	cina caliaitatia	ne			1b(5) 1b(6)		X
	ng of facilities, equipment, ma						10(0)		X
	answer to any of the above is				lways show the fair	market value of the goo		sets.	
	rvices given by the reporting fo		-	• •	•			,	
	nn (d) the value of the goods,				•		•		
(a) Line no	(b) Amount involved	(c) Name of	nonchantable	exempt organization	(d) Description	n of transfers, transactions,	and sharing ar	rangem	ents
			N/A						
				· · · · · · · · · · · · · · · · · · ·				_	
									
					 				
					- 				
							=		
	····-								
					 				
					··				
								-	
•									
ın sed	e foundation directly or indirection 501(c) of the Code (othe	r than section 501(c)			nizations described		Yes	. []	∑ No
D IT YE	s," complete the following sch (a) Name of org		 -	(b) Type of organization	T	(c) Description of relat	ionshin		
	N/A	jumzation		(b) Type of organization	<u> </u>	(e) Bosonphon or roll			
	217 22				-				
	· · · · · ·								
Sign Here	Under penalties of perjury, I declar and complete Declaration of prep			ased on all information of whic			nd belief, it is t	rue, con	ect,
	Signature of officer or tre	ustee		Date		Title	1		
D : .	Print/Type preparer's na		Preparer's s	ignature	Date 1/19/12	Check if P self- employed	TIN		
Paid	KEVIN W. F		<u> </u>	L - /U	1 , , , , –				
Prepai		IKI M. GRA	INNAN C	HTD.		Firm's EIN			
Use O	Firm's address > 60	1 W DAND	OT.PH	2ND FIR			-		
		ITCAGO TI	-			Dhoos no 31	2-831-	_000)5

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

THE O'MALLEY FOUNDATION 36-4264521 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer 'No' on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	-		-	
Page	1	of		of Pa

Name of organization

Employer identification number

THE O'MALLEY FOUNDATION

36-4264521

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTOPHER & LEMARIE O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137	\$10,151.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CHRISTOPHER & LEMARIE O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137	\$12,035.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Payroli Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Page 1 of 1 of Part II
Employer identification number

THE O'MALLEY FOUNDATION

36-4264521

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SCHWAB S&P 500 INDEX FUND 563.06 SHS.		
		\$	09/20/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SCHWAB S&P 500 INDEX FUND 665 SHS.		
		\$13,014.	12/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

17 1 THE

FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT
SCHWAB			36.		0.	36
TOTAL TO FM 990-PF, PART I,	LN 4		36.		0.	36
FORM 990-PF		LEGAL	FEES			STATEMENT
DESCRIPTION	EXPE		(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM	CHARITABL
HENRY GRANNAN, CHTD TAX RETURN PREP., TAX PLANNING AND ACCOUNTING		1,900.		635.		1,265
TO FM 990-PF, PG 1, LN 16A		1,900.		635.		1,265
FORM 990-PF		TAX	ES			STATEMENT
DESCRIPTION	EXPE	A) NSES BOOKS	NET INV	EST-	(C) ADJUSTED NET INCOM	CHARITABL
STATE TAXES		15.	· · · · · · · · · · · · · · · · · · ·	15.		0
TO FORM 990-PF, PG 1, LN 18		15.		15.		
FORM 990-PF	O	THER E	XPENSES			STATEMENT
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	EST-		
BANK CHARGES		61.		61.		0
TO FORM 990-PF, PG 1, LN 23		61.		61.		

FORM 990-PF	CO	RPORATE STOCK		STATEMENT	5
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	T
SCHWAB S&P 500 INDEX	X FD		9,356.	10,7	20.
TOTAL TO FORM 990-PI	F, PART II, LIN	E 10B	9,356.	10,7	20.
FORM 990-PF		TANTIAL CONTRIB		STATEMENT	
	PART V	II-A, LINE 10	<u>.</u>		
NAME OF CONTRIBUTOR		ADDRESS			
MR. & MRS. CHRISTOPI	HER O'MALLEY	496 PHILLIPS GLEN ELLYN, I			
(THEY ARE SUBSTANTIA BASED ON PRIOR YEARS					

FORM 990-PF PART XV - LINE 1A STATEMENT 7
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

LEMARIE O'MALLEY CHRISTOPHER T. O'MALLEY FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT

8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHRISTOPHER O'MALLEY 496 PHILLIPS AVE. GLEN ELLYN, IL 60137

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE FOR ATTENDANCE AT A 4 YR UNDERGRADUATE PROGRAM AT AN ACCREDITED COLLEGE OR UNIV., ON A FULL-TIME BASIS. CANDIDATES MUST BE A SENIOR AT MOUND WESTONKA H.S., OR HAVE RECEIVED THE SCHOLARSHIP THE PREVIOUS YR, HAVE A CUMULATIVE B AVG., PARTICIPATE IN EXTRACURRICULAR ACTIVITIES, BE IN FINANCIAL NEED, AND PREFERENCE WILL BE GIVEN TO STUDENTS STUDYING ART OR PSYCH.

*:47

The O'Malley Foundation 36-4264521 2010 Form 990-PF

Election Statement under Reg. Sec. 53.4942(a)-3(d)(2)

Taxpayer, the electing Foundation (EIN: 36-4264521) hereby elects under Reg. Sec. 53.4942(a)-3(d)(2) to designate \$14,645 of its 2010 qualifying distributions as allocated to corpus.

Date

elvarie O'Malley, President

THE O'MALLEY FOUNDATION

THE THOMAS AND PHYLLIS O'MALLEY SCHOLARSHIP

APPLICATION

(Please answer carefully and accurately)

ECTION I: TO BE COMPLETED BY APPLICANT			Date of Application		
Applicat	tion of Last Name	First Name		Middle initial	
. Home a					
	Štree t	City	State	ZIP	
Date of	BirthMo./Dateryr.				
List you example	r career preferences in order: "Teacher of English," "Co	er of choice. Please be mputer Scientist," "Den	as specific as	s you can; for	
1	2.		3		
Overall	GPA:				
	V, /				
	nic ranking within the senior	class:	-		
. Acaden		mmunity group, etc., of	- f which you ar		
. Acaden	nic ranking within the senior anizations, clubs, teams, co y positions such as presider	mmunity group, etc., of	- f which you ar		
. Acaden	nic ranking within the senior anizations, clubs, teams, co y positions such as presider	mmunity group, etc., of	- f which you ar		
. Acaden	nic ranking within the senior anizations, clubs, teams, co y positions such as presider	mmunity group, etc., of	- f which you ar		
. Acaden	nic ranking within the senior anizations, clubs, teams, co y positions such as presider	mmunity group, etc., of	- f which you ar		
List org hold an such po	nic ranking within the senior anizations, clubs, teams, co y positions such as presider	mmunity group, etc., of atudent council, cannot be atually at the atudent council, cannot be atually cannot be	f which you ar	orts team, etc., list	
List org hold an such po	nic ranking within the senior anizations, clubs, teams, co y positions such as presider sition also.	mmunity group, etc., of atudent council, cannot be atually at the atudent council, cannot be atually cannot be	f which you ar	orts team, etc., list	
List org hold an such po	nic ranking within the senior anizations, clubs, teams, co y positions such as presider sition also.	mmunity group, etc., of atudent council, cannot be atually at the atudent council, cannot be atually cannot be	f which you ar	orts team, etc., list	

1	ncome Amount Expenses	Amoun					
Г	College Financial Statement						
13.	Please give an estimate of your expenses and income for the following school year.						
	B. If yes, what amount have you saved toward college expenses?						
12.	A. Have you worked during high school to save for college? Yeş or No						
	D. What will be your major field of study?						
	C. If not, when did you apply for admittance and when do you expect to be accepted?						
	B. Have you been accepted?						
11.	A. What college do you plan on attending?						
							
10.	What interests do you have outside of school?						
							
	micide bout school and community recognition.						
9.	What honors, awards or other special recognition have you received while in high school include both school and community recognition.	1?					

College Financial Statement				
Income	Amount	Expenses	Amount	
Estimated Savings to Begin the Year		Estimated Tuition		
Estimated Income During the Year		Estimated Roomand Board		
Estimated Grants / Scholarships		Estimated Books and Supplies		
Estimated College Loans		Estimated Personal Living Expenses		
Estimated Assistance from Family		Other		
Other				
	<u> </u>			
Total	-	Total	-	

;

SECTION II: TO BE COMPLETED BY APPLICANT Date of Application Please type or print a brief personal letter addressed to the O'Molley Foundation Scholarship Committee that includes the following:

 Achievements and events in your life that have presented in the completion of the completion	g college
,	

2.	Please list two references. Provide names and phone numbers. These references can be teachers, coaches or mentors. Please do not list any relatives. Also list how this individual associated with you (that is, teacher, coach or mentor).
3.	You may include any letters of recommendation that you deem appropriate.
	Signature of Applicant

SECTION III: TO BE COMPLETED BY PARENT OR GUARDIAN Date of Application_____

In order to distribute awards in the most equitable manner, the applicant's need for financial aid must be evaluated. The committee needs this information to reach a fare decision and, therefore, please complete the information requested below as accurately and completely as possible. This information will be treated confidentially.

1.	Father (Guardian)
Ad	dress
Ü¢	cupation
2.	Mother (Guardian)
Ad	dress
O۵	cupation
3.	What was combined taxable income last year?
•	Please enclose a copy of your last two tax returns with copies of your form W-2. Again, this information will be treated confidentially and is only necessary to determine the applicant's financial need.
4.	Does either of you own a business? Yes or No
5.	What is your total net worth?
-	Please use the present fair market value of your assets less your liabilities.
6.	Give the name, ages and relationship of all persons living on above income:
•	
•	
•	
•	
•	
•	
7 .	secondary institution on at least one-half time basis.
•	
•	

	ny other factors, determining the a	 	 	
_				

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

Form 8868 (Rev. 1-2011)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X			
	are filing for an Additional (Not Automatic) 3-Month Ex			form).					
Do not c	omplete Part II unless you have already been granted	an automa	tic 3-month extension on a previously fi	iled Fo	rm 8868.				
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	to file (6	months for a corpo	oration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	Form 8	368 to request an ex	tension			
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers /	Associated With Cer	taın			
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details on t	he elec	tronic filing of this fo	orm,			
	.irs.gov/efile and click on e-file for Chanties & Nonprofits								
Part I	Automatic 3-Month Extension of Time	9. Only su	bmit original (no copies needed).						
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	nplete					
Part I onl	y				•				
	corporations (including 1120-C filers), partnerships, REN	fiCs, and t	rusts must use Form 7004 to request ar	n exten	sion of time				
to file income tax returns.									
Type or	Name of exempt organization	Emp	Employer identification numi						
print	MHE CANALLEY ECIDIDAMION		26 4264521						
File by the	THE O'MALLEY FOUNDATION	36-4264521							
due date for Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. C/O HENRY M. GRANNAN, CHARTERED - 601 W. RANDOLPH (2ND FLOOR)									
retum See	City, town or post office, state, and ZIP code. For a fe			1					
	CHICAGO, IL 60661	oroigir add	1033, 300 Instructions.						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4			
Applicati	on	Return	Application			Return			
ls For		Code	is For			Code			
Form 990			Form 990-T (corporation)		07				
Form 990-BL			Form 1041-A		08				
Form 990-EZ			Form 4720		09				
Form 990-PF			Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11				
Form 990	-T (trust other than above)	06	Form 8870		12				
	CHRISTOPHER O'I								
The bo	ooks are in the care of A 496 PHILLIPS AN	VENUE	- GLEN ELLYN, IL 60	137					
Teleph	one No. ►		FAX No. ▶						
	organization does not have an office or place of business				•				
	s for a Group Return, enter the organization's four digit								
00x ► 1					ers the extension is	for			
1 I re	quest an automatic 3-month (6 months for a corporation								
	FEBRUARY 15, 2012, to file the exemp	t organizat	tion return for the organization named a	above.	The extension				
is fo	or the organization's return for:								
	calendar year or representations of								
	X tax year beginning JUL 1, 2010	, an	d ending <u>JUN 30, 2011</u>		<u> </u>				
2 If th	o toy year antored in line 4 is far less than 40 marchs.	h1		_1	_				
L	☐ Change in accounting period								
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6060 or	nter the tentative tax loss any						
	refundable credits. See instructions.	ଧା ପପପ ଞ୍ଚ, ଖା	пот тие топтацие тах, less алу	3a	S	0.			
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter on:	refundable credite and	J 38	<u> </u>				
	mated tax payments made. Include any prior year overp	-			. S	0.			
c Balance due. Subtract line 3b from line 3a. Include your payr				3b					
	using EFTPS (Electronic Federal Tax Payment System).	•	•	3c	\$	0.			
	If you are going to make an electronic fund withdrawal v		···		O for payment insti				

For Paperwork Reduction Act Notice, see Instructions.