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

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

OMB No 1545-0052

For calledar year 2011 or ta year beginning   , and ending	D	epar	ment	of the Treasury	Note. The four	rdation may l	Treated be able to	d as a Privat use a copy of this	e Founda return to sati	<b>ation</b> Isfy state repo	rtıng reguir	rements.	2	ברטי.
LOHENGER IN FOUNDATION INC.  C/O PETER & LUCY ASCOLI  Number and streets for "O for number if mail or coll delivered is sheet addle seek)  5744 S. KIMBARK AVE    Total Good of the common of the comm						,					<u> </u>			
13-6141339   13-61741339   1	ī										A Employ	yer identificatio	n number	
Telephope a unitarie (pr P ) De nember of mail an ord deviewed to sheek addresed   \$7.44 S. K.TMBARK AVE														
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City or town, state, and ZiP code CHTCAGO, IL 60637-1615  6 Check all this apply: Institut return Chick the state of comparison of the state of the	,			•		ivered to street	address)			Room/suite			20	
CHICAGO, IL 60637-1615  6 Check all that apply: Instal return   Anneaded return   An	_				K AVE					<u> </u>				
Final return   Anderes change   Anderes change   2, check type of organizations mealing the gent stat,   Check type of organizations   XI Section 501(c)(3) exempt private foundation   Ell privat	_	-			0637-1	615					]			
Address change	G	C	neck	all that apply:	1	1	=		ormer public (	charity	D 1. Fore	ign organization	s, check he	ere ► 🗀
H. Check type of organization:				<u></u>							Fores	gn organizations m	eeting the 85	% test,
Section 4947(p(1) f) nonexempt characterist	-										1			
Farr market value of all assets at end of year   J Accounting method:   X   Cash   Micro Part II, col. (c), Ine 18   Dither (speech)   Other			-	• •		• • •			ation					
### If the collection is a control of the collection is a control of the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection is a collection in the collection in the collection in the collection is a collection in the collection is a collection in the coll	- 1	Fa								rual	1			
Part     Analysis of Revenue and Exponses   Chie total of ancours in column (b) (c) and (p) may not	•				ond or your		-							
Part   Analysis of Revenue and Expenses (0) Decimentally (0) Decimentall				12:	3,192.	(Part I, colu	mn (d) n	nust be on cash	basis)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Contributions, girts, grants, etc., received 2 Check		Pa	rt I	Analysis of Revenue a	nd Expenses	d (d) may not	(a)	Revenue and	(b) Net ir				for cha	ritable purposes
2 Check	-		1				1	107,682.	, ** <u>&gt;</u> 2,		l l	I/A	1	28 8
### A Dividends and interest from securities  6a Gross rents b Net rental income or (tosa)  6a Net gain or decid from sale of assets not on limit 10 b Cross askets price for off 1 40 , 391 .  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10 Gross cales ties certaine b Leas Coal of goods sold c Gross profit or (toss)  11 Other income 12 Total Add lines 1 through 11 13 Compensation of offices, directors, fruitiese, etc 14 Other employee saleries and wages 15 Penson plans, employee benefits 16a Legal fees 17 Total Capital gain and administrative expenses. Add lines 13 through 23 27 Travel, conferences, and meetings 27 Travel, conferences, and meetings 28 Through and publications 29 Observables and disputations 20 Other expenses STMT 4 21 Total operating and administrative expenses. Add lines 13 through 23 27 Total expenses and disbursements. Add lines 24 and 25 28 Contributions, gifts, grants pand 29 Total expenses and disbursements. Add lines 24 and 25 20 Total expenses and disbursements. Add lines 24 and 25 21 Excess of revenue over expenses and disbursements 21 Excess of revenue over expenses and disbursements 32 Net investment income (incapuse, enter-0) c Adjusted net i							\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				کبر ہ	120 3 44	1	5
Sa Gross rents b Not rental income or (rices)  B Not stand a lice and a seaset a not on line 10 b Gross sades ponce for all 140,391.  7 Capital gain net income (throm Part Nr, line 2)  10 Capital gain ret income (throm Part Nr, line 2)  11 Come modifications  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee standers and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Taxes 19 Depreciation and depletion 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 2 Total operating and administrative expenses. Add lines 13 through 23 25 Total expenses and disbursements. Add lines 324 and 25 26 Total expenses and disbursements. Add lines 24 and 25 27 Notice of the rent of the plants of the p			3	Interest on savings and temp	orary			670.		670.			STATI	EMENT 1 🚚
b Net rental income or (locs)  63 Net gan or local from sale of assets not on line 10 because or line 6  63 Net gan or local from sale of assets not on line 10 because or line 6  63 Net gan or local from sale of assets not on line 10 because or line 6  63 Net gan or local from sale of assets not on line 10 because or line 6  64 Net gan or local from sale of assets not on line 10 because of line 6  65 Net gan or local from sale of sale of sale from line 12 because of line 6  66 Net gan or local from sale of sale from line 12 because of line 6  67 Net sential sale from line 12 because of line 6  68 Net gan or local from sale of sale from line 10 because of line 6  68 Net gan or local from sale of sale from line 10 because of line 6  68 Net gan or local from line 10 because of line 6  68 Net gan or local from line 10 because of line 6  68 Net gan or local from line 10 because of line 6  68 Net gan or local from line 10 because of line 6  68 Net gan or local from line 10 because of line 8  68 Net sential sale from line 12 because of line 12 becau			4	Dividends and interest fr	om securities								TE SAN	. 入奏, 歌, 秋
101,839.   101,839.			5a	Gross rents									ļ	
B   Cross state less process from the State state of the S			b	Net rental income or (loss)			1 *	404 000	. 330	· · * · · · · · · · · · · · · · · · · ·				<u></u>
9 Income modifications 10a and allowances 10a and allowances 1 Uses Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 5 Pension plans, employee benefits 16a Legal fees b Accounting fees C Cother professional fees C STMT 2 C Other professional fees C STMT 3 C Other professional fees C STMT 3 C Other professional fees C STMT 3 C Other professional fees C STMT 4 C Total expenses and disbursements Add lines 24 and 25 C Total expenses of revenue over expenses and disbursements D NA C Adjusted net income (rinegative, enter-0-) C Adjusted net rine (rinega		e	6a					101,839.		\ ^\ &&\\	3 38		*	** **
9 Income modifications 10a and allowances 10a and allowances 1 Uses Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 5 Pension plans, employee benefits 16a Legal fees b Accounting fees C Cother professional fees C STMT 2 C Other professional fees C STMT 3 C Other professional fees C STMT 3 C Other professional fees C STMT 3 C Other professional fees C STMT 4 C Total expenses and disbursements Add lines 24 and 25 C Total expenses of revenue over expenses and disbursements D NA C Adjusted net income (rinegative, enter-0-) C Adjusted net rine (rinega		ē	D	assets on line 6a		, 391.	<u> </u>					Ca.2 8 .3Y8W	,	<u>, (6.80)                                    </u>
9 Income modifications (force saints between turns) b Less Cost of goods sold c Gross profit of (loss) 11 Other income 12 Total. Add lines 1 through 11 21 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 c Other professional fees STMT 3 600. 600. 600. 600. 600. 600. 600. 600.		æ	/ R	_			\$ 8°		1		* \$>	49 8 .8*	+	
10a Gross sales less returns   10a Gross scales less returns   10a Gross sprofit or (loss)   10 Other motione   12 Total. Add lines 1 through 11   210,191.   102,509.   10   10   10   10   10   10   10   1				. •			Z200 30	<u> </u>	****	****	-		<u> </u>	2. 2. 28. 28. 28.
D   Less Cost of goods sold   C   Gross profit or (loss)			_	Grace cales less returns	1		> 7-9653806	- 4	3.4.×	. , . ** }	\$ 1.0 m		Ţ	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees C Other professional fees STMT 2 1,700. 0. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)							<u> </u>	010 101	1.0	0 500			(3) \ @	
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16a Legal fees   b Accounting fees   STMT 2   1,700.   0.   0.   0.   0.   0.   0.   0.			15		-		-			<del></del>	15	<del>-</del>		
Interest Int		ses			o bononta						<del>                                     </del>	5		
Interest Int		ens		=	ST	MT 2		1,700.		0.	III	3 8	$\square$	1,700.
Interest Int		Exp		=	ST	<b>MT</b> 3		600.		600.		- 2	2	0.
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expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	$\geq$	atin		- · · · · · · · · · · · · · · · · · · ·							1			
25 Contributions, girls, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A		pera						2,415.		600.	,			1,815.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ĭ	ō	25	•	=									277,027.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Z		26	Total expenses and dis	bursements.									
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	<u>-</u>						ļ	279,442.	1	600.	·			<u>278,842.</u>
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ت													
c Adjusted net income (if negative, enter -0-)	U			•			<u></u>	-09,251.	10	11 000			+	
123501 LHA For Panerwork Reduction Act Notice see instructions Form 990-PF (2011)					-			<del></del>	+	11,303		N/A	1	
	7	235	11.				instructi	ons	ـــــــ	<del></del> ·	1		Form 9	990-PF (2011)

C/O PETER & LUCY ASCOLI

13-6141339

Page 2

D.	art	Balance Sheets Attached schedules and amounts in the description	Degining of year		n year
	as L	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	32,961.	18,119.	18,119.
1	2	Savings and temporary cash investments	50,362.	26,823.	26,823.
		Accounts receivable ▶		<del></del>	
		Less: allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less: allowance for doubtful accounts			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other	····		
		disqualified persons			
	7	, 70 OFA F			
	′	Other notes and loans receivable  18,250.  Less; allowance for doubtful accounts  0.	178,250.	78,250.	78,250.
,	,		110,230.	10,230.	70,230.
Assets		Inventories for sale or use			<u> </u>
Ass		Prepaid expenses and deferred charges			<del> </del>
-		Investments - U.S. and state government obligations	26 400		
		Investments - corporate stock STMT 6	26,400.	0.	0.
		Investments - corporate bonds		· · · · · · · · · · · · · · · · · · ·	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	ŀ	Investments - mortgage loans	0.736		
	1	Investments - other STMT 7	9,736.	0.	0.
	14	Land, buildings, and equipment; basis	٠ ( الله الله الله الله الله الله الله ال		à
		Less accumulated depreciation			
İ	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	297,709.	123,192.	
	17	Accounts payable and accrued expenses			148 2720
	18	Grants payable			
န္မ	19	Deferred revenue			li War to Signaria
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			]
ap	21	Mortgages and other notes payable			The state of the s
ב	22	Other liabilities (describe ► )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			` '
		and complete lines 24 through 26 and lines 30 and 31.			* * * :
Sec	24	Unrestricted			,
alances		Temporarily restricted		<del></del>	1 ;
Bal	26	Permanently restricted			1 ,
Fund B	-	Foundations that do not follow SFAS 117, check here			1
Ţ		and complete lines 27 through 31.			;
ō	27	Capital stock, trust principal, or current funds	0.	0.	1 1
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	† ;
ASS	29	Retained earnings, accumulated income, endowment, or other funds	297,709.	123,192.	1
et/	30	Total net assets or fund balances	297,709.	123,192.	1
Z	"	Total not assets of fully palatices	25,,705.	100,100	<del>'</del>
	21	Total liabilities and net assets/fund balances	297,709.	123,192.	,
_	31			143,134.	<u></u>
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
$\equiv$			<u> </u>		
		net assets or fund balances at beginning of year - Part II, column (a), line 3	U		207 700
	-	st agree with end-of-year figure reported on prior year's return)		. 1	297,709.
		r amount from Part I, line 27a		2	-69,251.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3	ann	4	228,458.
		eases not included in line 2 (itemize)		TEMENT 5 5	105,266.
6	Total	l net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (b), line 30	6	123,192.

C/O PETER & LUCY ASCOLI

		HIER & HOCI AD		In				<u> </u>	1337 1	ago o
۲	<u></u>	nd Losses for Tax on In		income	176VH	w acquired 1				
(a) List and describe the kind(s) of property sold (e.g , real estate, P - Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation				acquired lay, yr.)	(d) Date sold (mo., day, yr.)					
-	PUBLICLY TRADED		-	THED	0-	P		1/10	12/31/	•
<u>  a</u>  b		SECORTIES DE	L AIIA	CHED	┝		01/0	1/10	12/31/2	
					<del>                                     </del>					
d					†					
e		· ··- ·								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Sain or (loss s (f) minus		
a	140,391.			38,55	2.	-			101,8	39.
b										
d	<u> </u>		-							
_e				10/04/00						
_	Complete only for assets showing		r					Col. (h) gaın not less tha		
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any				(from col. (	h)) ´	
_a									101,8	<u> 39.</u>
b									· · · · · · · · · · · · · · · · · · ·	
_										
_	-									
_		C.V	D. H.L.		$\neg$					
2	Capital gain net income or (net capit	tal loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line . - in Part I, line	7 7	<b>}</b>	2			101,8	39.
3	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		d (6):		3			37 / 3		
_	If (loss), enter -0- in Part I, line 8  Part V:   Qualification Un	der Section 4940(e) for	Dodugod	Tay on Not	J Dye	3   setment in	como	N/A	•	
ᆫ										
(1	or optional use by domestic private fo	oundations subject to the section 4	1940(a) lax on	net investment ii	icome.	)				
If :	section 4940(d)(2) applies, leave this	part blank.								
W	as the foundation liable for the sectio	n 4942 tax on the distributable am	ount of any ye	ar in the base pe	riod?				Yes X	] No
lf '	'Yes," the foundation does not qualify	under section 4940(e). Do not co	mplete this pa	rt.						
1	Enter the appropriate amount in ea	ch column for each year; see ınstrı	uctions before	makıng any entri	es.					
	(a) Base period years	(b)	A. b. 4	Not color of a	(c)			Distri	(d) oution ratio	
_	Calendar year (or tax year beginning			Net value of no	onchari	table-use asset		(col. (b) dr	riaea by coi. (c))	000
_	2010	22	4,632.			155,25	L •		1.446	
_	2009	1/	9,612. 1,165.			186,31: 287,55		<del></del>	.964	
_	2008		2,933.			150,36			1.748	
_	2007		9,999.			62,02			3.224	
_	2000		<i>5</i>			02,02	-	1		<del>55</del>
2	Total of line 1, column (d)						2		8.013	880
	Average distribution ratio for the 5-	year base period - divide the total o	on line 2 by 5,	or by the number	r of yea	rs			-	
	the foundation has been in existence	e if less than 5 years					3		1.602	776
4	Enter the net value of noncharitable	-use assets for 2011 from Part X,	line 5				4		78,0	37.
5	Multiply line 4 by line 3						5		125,0	76.
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6		1,0	19.
7	Add lines 5 and 6						7		126,0	95.
8	Enter qualifying distributions from l	Part XII, line 4					8		278,8	42.
	If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	e 1b, and comp	lete that part usi	ng a 1%	6 tax rate.				

### LOHENGRIN FOUNDATION INC.

C/O PETER & LUCY ASCOLI 13-6141339 Form 990-PF (2011) Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter N/A on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 1,019. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 1 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-) 2 1,019 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 1,019 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 2,503 a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a **b** Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 64 2,503 7 Total credits and payments. Add lines 6a through 6d 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 9 1,484. 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 1,484. Refunded 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax Part VII-A | Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a X  $\overline{\mathbf{x}}$ b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? X 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes." attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: . By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 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,NY 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) 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 section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

LOHENGRIN FOUNDATION INC. 13-6141339 Form 990-PF (2011) C/O PETER & LUCY ASCOLI Page 5 Part 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) X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A Website address Telephone no. ► 773-667-4220 14 The books are in care of ▶ PETER ASCOLI Located at ▶ 5744 S. KIMBARK AVE, CHICAGO, IL ZIP+4 ▶60637-1615 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here **▶** 15 N/A and enter the amount of tax-exempt interest received or accrued during the year 16 Pa 1a

6	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			'χ <b>!</b>
_	country  The VIII By Shahamanta Baranding Activities for Which Form 4700 May Ba Baraired			
<u> </u>	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	····	V	l Nia
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
ıa	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
			ŠWŽŽ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No		2.36	
		- 1	ĺ	\$23
	<u> </u>	: X		
		****		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			•
		*	ණ්ඩා ය	× 3.
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	7,8		
	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.)  Yes X No	-46	180. C	1 S
	- · · · · · · · · · · · · · · · · · · ·	l `	2.38 %	· ` ` * !
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	min. >		
		1b		├
_	Organizations relying on a current notice regarding disaster assistance check here	*		lik n
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 2011?	1c	*	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	₩% ¥	y- 35	/38
_	defined in section 4942(i)(3) or 4942(i)(5)):	5.4	,	38.43
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	<b>∤</b> • à	\ ~ ~ §	256
	before 2011?		. 3.	<b>*</b>
	If "Yes," list the years  , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	13	(3 ) N	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	8.3	
	statement - see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	~ ` `	× × ×	.* 3
	<b>,</b> , , , , , , , , , , , , , , , , , ,		`	3. 5.
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_		
	during the year?	,	-	. )
b	If "Yes," did it have excess business holdings in 2011 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	ŀ		
	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 2011) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4b | X Form **990-PF** (2011)

2

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:	<del>-</del>					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗓 No			
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire				ŀ	
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			م نابع	- /	,
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No	~~	٠	,
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				ŀ	1
the prevention of cruelty to children or animals?		Ye	es 🗶 No	*	,	,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			^ .;	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	ere		<b>▶</b> □ [	J. 73	B, 3"	*
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ned			<i>'</i>	£
expenditure responsibility for the grant?	N	/A 🔲 Ye	s 🔲 No		- 1	}
If "Yes," attach the statement required by Regulations section 53.494.	5-5(d).					,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					;
a personal benefit contract?		Ye	es X No			1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870			Γ			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No			1
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/			
Faid Employees, and Contractors						
1 List all officers, directors, trustees, foundation managers and their				_		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e	e) Expe	ense other
	to position	`enter'-0-)'	and deferred compensation		llowar	
	PRESIDENT, TR	EASURER				
5744 S. KIMBARK			:	1		
CHICAGO, IL 60637	1.00	0.	0			0.
	SECRETARY	İ		j		
5744 S. KIMBARK				1		
CHICAGO, IL 60637	1.00	0.	0			0.
ELIZABETH ASCOLI	VICE PRESIDEN	$\Gamma$				
65 BEACONSFIELD ROAD						
BROOKLINE, MA 02445	1.00	0.	0 .	•		0.
		:				
0.0	<u> </u>					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) c		. V Cven	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	e) Expe count,	other
WONE .	devoted to position		compensation	a	llowar	ices
NONE						
				1		
				1		
				₩.		
		ļ		4		
		l	<u> </u>			
Total number of other employees paid over \$50,000			<u> </u>	000		0
			Form	990-	·PF (	2011)

C/O PETER & LUCY ASCOLI

3 Five highest-paid independent contractors for professional services. If none, en		(-) (
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NOINE		
·····		
	<del> </del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	tistical information such as the roduced, etc.	Expenses
1 N/A	·	
2		
3		
4		
Doubly Dio		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A	of fines i and 2.	Amount
1		
2		
All other program-related investments. See instructions.		
3		

C/O PETER & LUCY ASCOLI

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	22,180.
b	Average of monthly cash balances	1b	22,180. 57,045.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	79,225.
	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	2	0.
3	Subtract line 2 from line 1d	3	79,225.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,188.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	78,037.
6	Minimum investment return. Enter 5% of line 5	6	3,902.
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	Mınımum investment return from Part X, line 6	1	3,902.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 2 1,019.		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,019.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,883.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,883.
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	2,883.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	**************************************	270 042
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	278,842.
	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:	الأيما	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	270 042
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	278,842.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	1 010
_	income. Enter 1% of Part I, line 27b	5	1,019.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	277,823.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	· · · · · · · · · · · · · · · · · · ·	· <del></del>	······	
line 7				2,883.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		. ,
3 Excess distributions carryover, if any, to 2011:				
a From 2006 199, 200.				
bFrom 2007 262,543.				
c From 2008 172,038.				
dFrom 2009 170,340.				
eFrom 2010 219,362.	_ 1 000 100			
f Total of lines 3a through e	1,023,483.			· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 278,842.			0	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	١			
(Election required - see instructions)	0.			2,883.
d Applied to 2011 distributable amount	275,959.			2,883.
e Remaining amount distributed out of corpus	275,959.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	>			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,299,442.			
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2012			·	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 2006	100 000			
not applied on line 5 or line 7	199,200.			
9 Excess distributions carryover to 2012.	1 100 040			
Subtract lines 7 and 8 from line 6a	1,100,242.	····	,	
O Analysis of line 9				
a Excess from 2007 262,543.				1
b Excess from 2008 172,038.				
c Excess from 2009 170,340.				
dExcess from 2010 219,362.				
e Excess from 2011 275, 959.				Form 000, DE (0044)

C/O PETER & LUCY ASCOLI

Part XIV   Private Operating F	oundations (see ins		I-A, question 9)	N/A	12005			
1 a If the foundation has received a ruling of				<u> </u>	<del></del>			
foundation, and the ruling is effective for			<b>.</b>					
b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year	<b>3</b>	Prior 3 years		<u>()/(-/</u>			
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total			
investment return from Part X for								
each year listed								
<b>b</b> 85% of line 2a								
c Qualifying distributions from Part XII,								
line 4 for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly			_					
for active conduct of exempt activities.								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the								
alternative test relied upon: a "Assets" alternative test - enter:								
(1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter								
2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c "Support" alternative test - enter:								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on securities loans (section								
512(a)(5)), or royalties)								
(2) Support from general public								
and 5 or more exempt								
organizations as provided in section 4942(j)(3)(B)(iii)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income								
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets			
at any time during t	he year-see instr	uctions.)						
1 Information Regarding Foundation	n Managers:							
a List any managers of the foundation wh			tributions received by the	foundation before the clos	e of any tax			
year (but only if they have contributed n	iore man \$5,000). (See Se	cuon 507(0)(2).)						
PETER M. ASCOLI								
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large portio	n of the ownership of a pa	irtnership or			
NONE								
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:					
Check here 🕨 🗶 if the foundation o	nly makes contributions to	o preselected charitable	organizations and does n	ot accept unsolicited requi	ests for funds. If			
the foundation makes gifts, grants, etc.	(see instructions) to indivi	duals or organizations i	under other conditions, co	mplete items 2a, b, c, and	d.			
a The name, address, and telephone num	ber of the person to whom	applications should be	addressed;		·			
N/A								
• • • • • • • • • • • • • • • • • • • •	b The form in which applications should be submitted and information and materials they should include:							
N/A c Any submission deadlines;								
N/A								
d Any restrictions or limitations on awards N/A	s, such as by geographica	l areas, charitable fields,	, kınds of institutions, or o	ther factors:				
•								

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3 Grants and Contributions Paid During the Yo		Doumont		<u> </u>
Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	. <del> </del>	
a Paid during the year				İ
SEE ATTACHED	N/A	501(C)(3)	GENERAL FUND	
CHICAGO, IL				277,027.
				· · · · · · · · · · · · · · · · · · ·
			1	
			İ	
	·			
				:
		1		
Total			<b>▶</b> 3a	277,027.
b Approved for future payment				
NONE				
		-	<del> </del>	
		1		
			t	
		1		
		<del> </del>	·-·	
		1		
		İ		
Total	· · ·	-	<b>▶</b> 3b	0.

Form 990-PF (2011)

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	COUC				
b			_		
<u> </u>				<u></u>	·
<u> </u>	<b></b>		-		<del></del>
e	<u> </u>				<del>-</del>
g Fees and contracts from government agencies			-		
2 Membership dues and assessments		2			<del> </del>
3 Interest on savings and temporary cash			-		
investments			14	670.	
4 Dividends and interest from securities				0,00	
5 Net rental income or (loss) from real estate:					<del></del>
a Debt-financed property					
b Not debt-financed property	<b>——</b>				
6 Net rental income or (loss) from personal				-	<u> </u>
property					
7 Other investment income		<u> </u>			
8 Gain or (loss) from sales of assets other		·			
than inventory			18	101,839.	
9 Net income or (loss) from special events			10	101,035.	
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:					
•					
h					
	-				
d					
e			<del>                                     </del>		<del></del>
12 Subtotal. Add columns (b), (d), and (e)		0.	. 4	102,509.	0.
13 Total. Add line 12, columns (b), (d), and (e)			, ·	13	102,509.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ev	omn	at Durnoses	
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than t	by providing fu	nds for such purposes).			
					· · · · <u> </u>
		······		<del></del>	
					<del></del>
					<del></del>
		<del></del>			- w
				<del></del>	
				<del></del>	<del></del>
		-			
	<del></del>				
	-				
123621 12-02-11	-	· · · · · · · · · · · · · · · · · · ·			Form <b>990-PF</b> (2011)

Firm's address ▶ 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606

Form 99	D-PF (20	11) C/O F	PETER & I	LUCY	ASC	DLI			13-6	141339	Pa	ge 13_
Part 2	XVII		_	ansfers	To a	nd Transac	ctions a	nd Relatio	nships With None	charitable	?	
		Exempt Organ	nizations									
	-	anization directly or ind			-				ection 501(c) of		Yes	No
		ther than section 501(c					ıtıcal organı	zations?				
<b>a</b> Tra	insfers fi	om the reporting found	lation to a noncha	rıtable exe	mpt orga	anization of:					-	
(1)	Cash									1a(1)		X
	Other a									1a(2)		X
	er trans											
		of assets to a noncharita								1b(1)		X
٠,		ises of assets from a no		pt organiza	ation					1b(2)		X
• •		of facilities, equipment,	=							1b(3)		X
		ursement arrangements	š							1b(4)		$\frac{\Lambda}{X}$
		or loan guarantees	ambarahia ar fiini							1b(5)		X
		mance of services or mi facilities, equipment, mi	•	_						1b(6)		X
							Should alu	rave chow the fr	air market value of the go		otc	
					_	-		-	tion or sharing arrangem		,	
		the value of the goods,				u 1055 tiluli luli 1	narkot vara	o in any transas	non or sharing arrangem	om, onon m		
(a)Line n		b) Amount involved				exempt organiz	ation	(d) Descrip	otion of transfers, transactions	, and sharing ar	rangeme	ents
			1	N	I/A		<del></del>					
	_											
		<del></del>	<u> </u>					<b></b>				
			<b>_</b>			<del></del>						
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		<del></del>	+									
			+					<del></del>				
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			+									
	_		1					· · · · · · · · · · · · · · · · · · ·				
2a Is	the foun	dation directly or indire	ctly affiliated with.	or related	to, one o	or more tax-exe	mpt organiz	zations describe	:d			
		501(c) of the Code (other	• .		•					Yes	X	□No
b if	Yes," co	mplete the following scl	hedule.									
		(a) Name of or	ganization			(b) Type of org	janization		(c) Description of rela	tionship		
		N/A										
	Under	appartuse of portury I declar	e that I have evamine	d this return	unchudune	accompanying so	hadulas and	etatements and to	the best of my knowledge			
Sian		ief, it true, correct, and co							parer has any knowledge IDENT,	May the IRS return with th		
Sign Here		Peter	M. A.	ul	;		4/		SURER	shown below		¬'
	1 <b>-</b>	ature of officer or truste	e			I Date	112	Title	DONDIN	·	· L.	J No
	1 2.9	Print/Type preparer's r		Pren	arer's sig		7	Date	Check   if   F	PTIN		
		· An · Property • ·				1/1	1.41	<b>,</b> , ,	self- employed			
Paid	j	TIMOTHY R	MILLER	Th	nt//	17:11		11/7/18	L	P00933	186	
Prep	arer	Firm's name ► MCC		LIZAP					Firm's EIN ► 42			

312-634-3400

Phone no.

**Use Only** 

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

Or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

LOHENGRIN FOUNDATION INC.

C/O PETER & LUCY ASCOLI

Employer identification number

13-6141339

Organization type (check one)								
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt chantable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule								
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.								
Special Rules	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, total 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								
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

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) (2011)

Name of organization LOHENGRIN FOUNDATION INC. C/O PETER & LUCY ASCOLI

Employer identification number

13-6141339

Dard I			11	- f D 4 1 - f 1 - 1 4	
Part I	Contributors	(see instructions)	Use duplicate copies	of Part I if additiona	ıı space is needed

		<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER ASCOLI & LUCY ASCOLI  5744 KIMBARK AVE  CHICAGO, IL 60637-1615	\$107,682.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there
123452 01-2	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)

LOHENGRIN FOUNDATION INC. C/O PETER & LUCY ASCOLI

Employer identification number

13-6141339

Part II	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additional space is ne	eded
---------	------------------	--------------------	----------------------	--------------------------------------	------

artii	Notices if Froperty (see instructions) ose duplicate copies of Fait		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1			
(a) No. rom	(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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	

Employer identification number

# LOHENGRIN FOUNDATION INC.

	TER & LUCY ASCOLI	idual contributions to costion EU1/a	13-6141339
Part III	year. Complete columns (a) through (e) and the	ne following line entry. For organization	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter rithe year (Enter this information once)
	the total of exclusively religious, charitable, etc	c., contributions of \$1,000 or less for	r the year (Enter this information once)
(-) N - 1	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) i di pose oi giit		(a) Description of now girt is not
١.			
.			
1.			
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
'			
'			
[ ]			
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—— I ·		***************************************	
<u></u> ⊢		(e) Transfer of git	tt
		(e) Hallslei Ol gill	
	Transferee's name, address, ar	nd 7ID + 4	Relationship of transferor to transferee
-	riansieree s name, audress, ar	IU ZIF + 4	nelationship of transfer to transferee
			<del>-</del>
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(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
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		-	
-		(a) Transfer of air	
		(e) Transfer of git	IC.
	Transferacio nomo addresa a	ad 7ID + 4	Relationship of transferor to transferee
	Transferee's name, address, a	III ZIF + 4	neiationship of transfer or to transferee
j			
1		<del></del>	· · · · · ·
(a) No			• • • • • • • • • • • • • • • • • • • •
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	· · · · · · · · · · · · · · · · · · ·		·
<u> </u>			
		(e) Transfer of gi	ft
<u>_</u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1			
			<del></del>
1			

# LOHENRIN FOUNDATION SCHEDULE OF CONTRIBUTION EXPENSE DECEMBER 31, 2011

Organization	Amount
Albany Park Theater Project	5,000.00
Americans for Oxford, Inc.	1,000.00
American Jewish World Service	8,000.00
Brady Center Against Gun Violence	2,500.00
Business and Professional People in the Public Interest	2,000.00
Changing Worlds	10,000.00
Chicago High School for the Arts	10,000.00
Chicago Humanities Festival	8,500.00
Chicago Opera Theatre	100,000.00
Ciesla Foundation, The	25,000.00
Collegiate School	12,360.00
Crossroads Fund	8,333.33
Equal Justice Works	7,500.00
Ethiopian Community Foundation of Chicago Harris Theater for Music and Dance	6,000.00
Human Rights Watch	10,000.00 10,000.00
Museum of Science and Industry	5,000.00
Music Institute of Chicago	1,000.00
New Israel Fund	13,333.33
Oxfam America	4,000.00
Progressive Jewish Alliance and Jewish Funds for Justice	3,000.00
Safer Pest Control	3,500.00
Shared Interest	13,000.00
Sound Experience	2,000.00
South Shore Fine Arts Academy	5,000.00
UNICEF	1,000.00
Total	\$ 277,027

All donations were made to 501(c)(3) organizations for unrestricted charitable purposes.

Gofen and Hossberg, ...c.

465 CITYFRONT PLAZA . SUITE 3000 . CHIGAGO, ILLINOIS 60811

TELEPHONE (312) 828-1100

A 289 Lohangrin Foundation

EA COPY

CC: Mr. & Ms. Peter M. Ascoli Phyllis Garmon

			FROM 01-01-11 TO 12-31-11 CAPITAL GAINS & LOSSES	GALNS & LOSSE	أبرر		
PURCHASE DATE	SALE	QUANTITY.	SECURITY DESCRIPTION	COLTION	PURCHASE	MOCEEDS	CAPITAL GAINS! (LOSSES)
	03/17/11	1.000 shs	Eirou Litigation		Ġ.00	160.27	160.27 [1.]
80:/1/10	11/62/90	100.000 ahs	I'mgter & Gamble		6,933,00	6,259.87	-673,13
20/21/20	08:24/11	200,000 sus	Procter & Gunble		82 C65 21	12,499.79	97.49
03/04/08	08/24/11	200,000 shs	Teva Pharmaceutical Industries ADR		9,736,00	7,801.88	51,456,13
03/04/08	08/24/11	sus 000,001	United Technologies		6,870,00	7,005,96	135,96
03/16/78	10:20/11	1,000.000 shs	Therato Fisher Scientific		1,098.03	50,873.02	49,477,94
03/16/78	12/03/11	1,200,000 shs	Thermy Fisher Scientific		1,317,64	55,790.04	St. 177. 45.
			TOTAL CAPITAL GAINSHOSSIST		28,551.95	140,340,83	88.858,101
		, , , , , , , , , , , , , , , , , , ,	and the term of the last	* * * * * * * * * * * * * * * * * * * *	i.	Shart-ferm	
		* * * * * * * * * * * * * * * * * * *	The second secon		<u>.</u>	J.A. H. P. L. P. III	KO KINS COLUM
11 · Chin	Pagazine accepture.	mental contracts and shows the second substantial and the second substantial second substantial second substantial second substantial second substantial second substantial second secon					

[L] : Clain represent proceeds from securities impation

This is a summary of infumution from Cloten and Classberg's dual finds on is not intended for definitive use as a tax schodule. Please have your tax adviver review and completeness of this infrantation. Neite

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME US TRUST			_	670.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	670.
FORM 990-PF	ACCOUNTI	NG FEES	<del> </del>	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
TAX PREPARATION FEES	1,700.	0.		1,700.
TO FORM 990-PF, PG 1, LN 16B	1,700.	0.		1,700.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	CHARITABLE
MANAGEMENT FEES	600.	600.	-	0.
TO FORM 990-PF, PG 1, LN 16C	600.	600.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
ILLINOIS CHARITY BUREAU FUND	15.	0.		15.
NEW YORK STATE DEPARTMENT OF LAW	100.	0.		100.
TO FORM 990-PF, PG 1, LN 23	115.	0.		115.
		: <del></del>		

FORM 990-PF OTHER DECREASES IN	N NET ASSETS OR FU	UND BALANCES	STATEMENT	5
DESCRIPTION			AMOUNT	
BASIS ADJUSTMENT TO STOCKS CONTRI	IBUTED AT FAIR MAI	RKET VALUE	105,2	66.
TOTAL TO FORM 990-PF, PART III, I	LINE 5		105,2	66.
FORM 990-PF (	CORPORATE STOCK		STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
PROCTER AND GAMBLE CO UNITED TECH		0.		0.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B	0.		0.
FORM 990-PF 00	THER INVESTMENTS		STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	Т
TEVA PHARMACEUTICAL	COST	0.		0.
TOTAL TO FORM 990-PF, PART II, L	INE 13	0.		0.

### Form **8868**

(Rev January 2012)

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

 $\triangleright$   $\boxed{X}$ 

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoons
<ul> <li>If you a</li> </ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
	ic filing (e-file). You can electronically file Form 8868 if y					a corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
1.5	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap	•				
	u.irs.gov/efile and click on e-file for Chanties & Nonprofits		(See mondenemo). For more detaile (	311 (110 010)	Alonio illing	or triio torni,
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded)		
	ation required to file Form 990-T and requesting an autor					
Part I onl		nade o me	Stati extension check the box and	compicio		ightharpoonup
All other	y corporations (including 1120-C filers), partnerships, REM ome tax retums	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	dentificatio	n number (EIN) or
print	LOHENGRIN FOUNDATION INC.			2		
print	C/O PETER & LUCY ASCOLI			X	13-61	41339
File by the due date for filing your	Number, street, and room or suite no If a P O. box, s	ee instruc	tions.		curity number	<del></del>
return See instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	CHICAGO, IL 60637-1615		-			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		T	T			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above)	06	Form 8870			12
	MCGLADREY LLP	DDTI	- amp 000 autan	<b>a</b> o	T COCO	<i>c</i>
	ooks are in the care of 1 SOUTH WACKER	DRIV.		GO, I	т роро	<u> </u>
•	none No. > 312-634-3400		FAX No.			. $\square$
	organization does not have an office or place of busines					▶ □
	is for a Group Return, enter the organization's four digit	7			-	
box 🕨	. If it is for part of the group, check this box				ers the exte	nsion is for.
1 Ire	equest an automatic 3-month (6 months for a corporation					
		ot organiza	tion return for the organization name	ed above.	The extension	on
ıs f	or the organization's return for:					
	X calendar year $2011$ or					
<b>&gt;</b>	tax year beginning	, ar	nd ending		_ ·	
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Fınal retui	'n	
L	Change in accounting period					
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			2 224
_	nrefundable credits. See instructions.		<del></del>	3a	\$	2,004.
	his application is for Form 990-PF, 990-T, 4720, or 6069,					0 500
es	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	2,503.
c Ba	lance due. Subtract line 3b from line 3a Include your pa	ayment wr	th this form, if required,			-
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$_	0.
	. If you are going to make an electronic fund withdrawal	_		orm 8879		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	, see Instr	uctions.		Form 8	3868 (Rev. 1-2012)

Form 8868 (Rev 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension. c	complete only Part II and check this	box		<b>▶</b> X
Note. Only complete Part II if you have already been granted an				3868	
If you are filing for an Automatic 3-Month Extension, complete					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies ne	eded).
					r, see instructions
Type or Name of exempt organization or other filer, see instru	etions	Litter mer s			tion number (EIN) or
TOURNAD THE ROLL WITCH THE			Litipioyei	Identifica	dorridinoer (Eliv) or
G (O DEPEND C LINGUE & GOOT T			$\mathbf{x}$	12 6	1 / 1 2 2 0
neby the C/O 12121 & 2001 1120001				X 13-6141339 ocial security number (SSN)	
filing your	see instruc	tions	Social sec	cunty nun	nber (SSN)
return See 5744 S. KIMBARK AVE					
Crty, town or post office, state, and ZIP code For a f	oreign add	ress, see instructions.			
CHICAGO, IL 60637-1615					
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
	<del></del>	V			
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	iously file	d Form 8	868.
MCGLADREY LLP					
• The books are in the care of ▶ 1 SOUTH WACKER	DRIV	E, STE 800 - CHICA	GO, I	L 606	06
Telephone No ▶ 312-634-3400		FAX No ▶			
If the organization does not have an office or place of business	s in the Ui	nited States, check this box			` ▶ □
If this is for a Group Return, enter the organization's four digit			f this is fo	r the whol	e group, check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐					
		BER 15, 2012.			
5 For calendar year 2011, or other tax year beginning		, and endin	a		
6 If the tax year entered in line 5 is for less than 12 months, or	check reas		Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	CATHE	R THE INFORMATION	NECES	SARY	TO FILE A
COMPLETE AND ACCURATE RETURN	<u> </u>	111111111111111111111111111111111111111	112020		
COMPUBLE AND ACCORDED REPORTS		<u></u>			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 /	mter the tentative tax less any			
	, 01 0003, 1	The ternative tax, iess any	8a	\$	2,038.
nonrefundable credits See instructions.	n mtor on	refundable gradite and estimated	oa_	<b>-</b>	2,030.
b If this application is for Form 990-PF, 990-T, 4720, or 6069					
tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid	0	۱.	2,503.
previously with Form 8868.			8b	\$	4,503.
c Balance due. Subtract line 8b from line 8a. Include your p		tn this form, if required, by using		_	^
EFTPS (Electronic Federal Tax Payment System) See insti		All a second of the Deat II	8c	\$	0.
Signature and Verifica	uon mu:	st be completed for Part II	oniy.		
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that yam authorized to perjure this i	ding accom	panying schedules and statements, and t	o the best c	it my know	ledge and belief,
	orin.				1/2/17
Signature ► / // / / / / / / / / / / / / / / / /			Date		110/10
				For	n <b>8868</b> (Rev 1-2012)