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Form 990-PF

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 calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation THE MICHAEL AND JACQUELINE FERRO FAMILY 20-5520747 FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O ML-FOS, 1300 MERRILL LYNCH DR. 1ST FL 212-852-3850 City or town, state, and ZIP code C If exemption application is pending, check here 08534 PENNINGTON, NJ Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 3,335,648. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income 403,700 N/A Contributions, gifts, grants, etc., received Check Check It is the foundation is not required to attach Sch. 8 1,471 Interest on savings and temporary cash investments 1,471. STATEMENT 28,499. 28,499 Statement Dividends and interest from securities 5a Gross rents Net rental income or (loss) STATEMENT -7,999 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 292,790. 266,461 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold 💯 c Gross profit or (loss) STATEMENT -111,184. 5,283 1 Other income 314,487. 301,714 12 Total. Add lines 1 through 11 0. #3 Compensation of officers, directors, trustees, etc. (14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 7,500. 0. STMT 5 ഗ 0. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 33,786. 33,585 0. STMT 6 23 Other expenses . . 24 Total operating and administrative 0. 41,286. 33,585 expenses. Add lines 13 through 23 175,000. 175,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 175,000. 216,286 33,585 Add lines 24 and 25 27 Subtract line 26 from line 12 98,201. 8 Excess of revenue over expenses and disbursements 268,129. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2011)

LHA For Paperwork Reduction Act Notice, see Instructions.

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T E	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	ar i	Balance Sileets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing .	321,479.	540,539.	540,539.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	1	Less allowance for doubtful accounts ▶			
	4	Pledges receivable -			
	l	Less allowance for doubtful accounts			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U S and state government obligations	· · · · · · · · · · · · · · · · · · ·		
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	2,915,966.	2,795,107.	2,795,109.
	14	Land, buildings, and equipment basis			
		Less. accumulated depreciation		i	
	15	Other assets (describe ►			
	-				
	16	Total assets (to be completed by all filers)	3,237,445.	3,335,646.	3,335,648.
	17				······································
	18	Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22				
		·			
	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.			
Ses	24	Unrestricted			
ğ	25	Temporarily restricted			
Ba	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Balanc	29	Retained earnings, accumulated income, endowment, or other funds	3,237,445.	3,335,646.	
Fet	30	Total net assets or fund balances	3,237,445.	3,335,646.	
_				_	
	31	Total liabilities and net assets/fund balances	3,237,445.	3,335,646.	
	art	III Analysis of Orlanges in Net Assets of Fund D			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		. 1	3,237,445.
2	-	r amount from Part I, line 27a	_	2	98,201.
3		r increases not included in line 2 (itemize)	•	3	0.
4		lines 1, 2, and 3		. 4	3,335,646.
5		eases not included in line 2 (itemize)		5	0.
6		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	3,335,646.
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FOUNDATION

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Part IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income						
		nd(s) of property sold (e.g. or common stock, 200 shs			`P	How ac - Purc - Dona		(c) Date a (mo , da	cquired ly, yr)	(d) Date sold (mo , day, yr.)
1a 10,000 SHARES (1a 10,000 SHARES OF AMYRIS INC. D 05			05/11		06/24/11				
				01/01		12/31/11				
c LONG TERM CAPIT	TAL I	LOSS - PARTN	ERSHIP		<u> </u>		P	01/01	1/10	12/31/11
đ					<u> </u>			_		ļ
е					L_					<u> </u>
(e) Gross sales price	(f) C	Pepreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss (f) minus	(g)
a 292,790.				21,74						271,050.
b					3.					-213. -4,376.
<u>C</u>				4,37	0.	ļ				-4,3/0.
d			_					-	-	
e Complete only for assets showin	0.000.00	column (h) and owned by t	he foundation	on 12/31/60			- 41	Cours (Co	ol (b) gain	minus
Complete only for assets showing		i) Adjusted basis		cess of col (i)				(k), but ne	ol (h) gain ot less tha	n -0-) or
(i) F M V as of 12/31/69	,	as of 12/31/69		cot (j), if any				Losses (from col. ((h)) ·
										271,050.
a b	_									-213.
C					-					-4,376.
d							-			
8										
		∫ If gain, also enter	ın Part I line '	7	٦					
2 Capital gain net income or (net ca	pital loss)				J	2				266,461.
3 Net short-term capital gain or (los			q (6).		1					
If gain, also enter in Part I, line 8, or If (loss), enter -0- in Part I, line 8	column (c	;)			•	3	:		N/A	
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		****
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qual 1 Enter the appropriate amount in e	tion 4942 Ify under	tax on the distributable am section 4940(e) Do not co	mplete this pa	rt						Yes X No
(a)		(b)		<u> </u>	(c))	-		Diotril	(d) bution ratio
Base periód years Calendar year (or tax year beginnir	ng in)	Adjusted qualifying dist	ributions	Net value of no			use assets	(vided by col (c))
2010	• 1	99	9,450.		3	,10	8,524	•		.321519
2009			6,414.				2,476			.462655
2008			9,045.				3,042			.093892
2007		10	2,296.				9,578			.020543
2006			0.			,45	9,418	•		.000000
2 Total of line 1, column (d)								2		.898609
3 Average distribution ratio for the 5 the foundation has been in exister			on line 2 by 5,	or by the number	of ye	ears		3		.179722
4 Enter the net value of noncharitab	ole-use as:	sets for 2011 from Part X, I	ine 5					4		3,302,601.
5 Multiply line 4 by line 3								5		593,550.
- managery and a symmetry										
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		2,681.
7 Add lines 5 and 6								7		596,231.
8 Enter qualifying distributions from	n Part XII,	line 4						8		175,000.
If line 8 is equal to or greater than See the Part VI instructions.	tine 7, ct	eck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	1% tax	rate.			
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10

STMT

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

X

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

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation employee benefit plans and determined compensation and determined compensation allowances

NONE

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

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
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 statistic number of organizations and other beneficiaries served, conferences convened, research papers produced by A	cal information such as the iced, etc	Expenses
2		
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 on li N/A	nes i and z	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	437,102.
C	Fair market value of all other assets	10	2,915,792
d	Total (add lines 1a, b, and c)	16	3,352,894
е	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	3,352,894.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50,293
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,302,601
6	Minimum Investment return. Enter 5% of line 5	6	165,130.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	165,130.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 5, 363.		·
b	Income tax for 2011 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	5,363.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	159,767.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	159,767.
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	159,767.
P	art XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		175 000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	175,000.
þ	Program-related investments - total from Part IX-B	1b	0.
		2	
3			
а			
þ			175 000
		4	175,000.
5			^
	Income Enter 1% of Part I, line 27b		0.
6			175,000.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation.	3a 3b 4 5 6	175,

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4940(e) reduction of tax in those years.

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,				159,767.
Inne 7 2 Undistributed Income, if any, as of the end of 2011	,;. ,			139,707.
a Enter amount for 2010 only			0.	
b Total for prior years	****			
g rotal for prior years	1	0.		
3 Excess distributions carryover, if any, to 2011	***************************************		***************************************	······································
a From 2006				
b From 2007				
c From 2008 196,819.				
d From 2009 1,384,218.				
e From 2010 844,024.				
f Total of lines 3a through e	2,425,061.			·····
4 Qualifying distributions for 2011 from				
Part XII, line 4 [.] ►\$ 175,000.				
a Applied to 2010, but not more than line 2a			0.	***************************************
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		·
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			150 263
d Applied to 2011 distributable amount	15 222			159,767.
e Remaining amount distributed out of corpus	15,233.			
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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,440,294.			
b Prior years' undistributed income Subtract				***************************************
line 4b from line 2b	1	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	0.			
not applied on line 5 or line 7	·			
9 Excess distributions carryover to 2012.	2,440,294.			
Subtract lines 7 and 8 from line 6a	2,330,234.			······································
10 Analysis of line 9 a Excess from 2007				
b Excess from 2008 196,819.				
c Excess from 2009 1,384,218.		Į.		
d Excess from 2010 844,024.				
e Excess from 2011 15,233.				
		<u></u>		Form 900 DE (2011)

Pi	art XIV Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)	N/A		
1 8	If the foundation has received a ruling or	determination letter that	it is a private operating				
	foundation, and the ruling is effective for	2011, enter the date of t	he ruling	>			
ı	Check box to indicate whether the found	•	-	n section	4942(J)(3) or 49)42(j)(5)	
	2 a Enter the lesser of the adjusted net Tax year Prior 3 years						
- '	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total	
			(-/	(1)	(,	(5) - 5 - 5	
	investment return from Part X for						
	each year listed				 		
	3 85% of line 2a						
	Qualifying distributions from Part XII,						
	line 4 for each year listed						
(1 Amounts included in line 2c not						
	used directly for active conduct of				1		
	exempt activities						
6	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]		
ä	a "Assets" alternative test - enter				}		
	(1) Value of all assets						
	(2) Value of assets qualifying				1		
	under section 4942(j)(3)(B)(i)						
ı	"Endowment" alternative test - enter 2/3 of minimum investment return						
	shown in Part X, line 6 for each year						
	listed .						
	: "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				<u> </u>		
P	art XV Supplementary Infor			if the foundation	had \$5,000 or mo	ore in assets	
	at any time during th	ne year-see instr	ructions.)			<u></u>	
1	Information Regarding Foundation	n Managers:					
a	List any managers of the foundation who			ributions received by the	foundation before the clos	se of any tax	
	year (but only if they have contributed m	ore than \$5,000) (See s	ection 507(d)(2).)				
ΜI	CHAEL FERRO						
-	List any managers of the foundation who	own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pa	artnership or	
	other entity) of which the foundation has			or an equally large point			
NO	NE						
2	Information Regarding Contribution	on Grant Gift Loon	Scholarship etc. Dr.				
4	Check here X if the foundation or				at a a a a t		
	the foundation makes gifts, grants, etc. (
					implete iterns za, b, c, and	u .	
2	The name, address, and telephone numb	er of the person to whom	n applications should be a	addressed [.]			
					<u></u>	· · ·	
t	The form in which applications should be	e submitted and informat	tion and materials they sh	ould include:			
	: Any submission deadlines		-				
	•						
_,	1 Any restrictions or limitations on awards	Such as by gengraphics	l areas, charitable fields	kinds of institutions or o	other factors		
١	,, restrictions of annitations on awaids	, saon as of goograpino	a arous, ondritable helds, l	minus or moditutions, Of C	Action lautura		
1222	201 12 02 11	<u> </u>				Form 000 DE (0044)	
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Part AV Supplementary Information	· · · · · · · · · · · · · · · · · · ·	D		
3 Grants and Contributions Paid During the Y		Payment	1	
Recipient 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
a Paid during the year	Ur Substantial Contributor	Toolplont		
CHICAGO CHILDREN'S THEATRE	NONE	NON-PROFIT	EDUCATION	
1464 N. MILWAUKEE AVE		ORGANIZATION		
CHICAGO, IL 60622				1,000.
LATIN SCHOOL OF CHICAGO	NONE	NON-PROFIT	EDUCATION	
59 W. NORTH BOULEVARD		ORGANIZATION		
CHICAGO, IL 60610				25,000.
LYRIC OPERA OF CHICAGO	NONE	NON-PROFIT	EDUCATION	
20 NORTH WACKER DRIVE		ORGANIZATION	i l	
CHICAGO, IL 60606				10,000.
THE ANTIQUE AND CLASSIC BOAT SOCIETY	NONE	NON-PROFIT	EDUCATION	
422 JAMES STREET		ORGANIZATION		
CLAYTON, NY 13624				2,000.
CHICAGO NEWS COOPERATIVE	NONE	NON-PROFIT	EDUCATION	
70 E. LAKE STREET, SUITE 810	NONE	ORGANIZATION	Bockiton	
CHICAGO, IL 60601				50,000.
	NTINUATION SHE	ET(S)	► 3a	175,000.
b Approved for future payment				
NONE				
Total		<u> </u>	▶ 3b	0.
- 3-101	· · · · · · · · · · · · · · · · · · ·			m 990-PF (2011)

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

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ed by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a			1 1		<u></u>
b		•	1-1		
			- 		
d					· · · · · · · · · · · · · · · · · · ·
Р					
1		,	<u> </u>		· · ·
g Fees and contracts from government agencies				-	<u>.</u> .
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,471.	
4 Dividends and interest from securities			14	1,471. 28,499.	
5 Net rental income or (loss) from real estate		***************************************			, , , , , , , , , , , , , , , , , , ,
a Debt-financed property					
b Not debt-financed property		· · · · ·			<u>-</u>
6 Net rental income or (loss) from personal					
property					
7 Other investment income			15	5,283.	· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory			18	-7,999.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue.					
a UNREALIZED GAIN/LOSS					
b FROM PARTNERSHIPS				-149,663.	
BOOK/TAX DIFFERENCE FROM					
d PARTNERSHIPS				33,196.	
8					
2 Subtotal Add columns (b), (d), and (e)		0	•	-89,213.	
13 Total. Add line 12, columns (b), (d), and (e)				13	-89,21

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

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Form 990-F	PF (2011) FOUND	ATION	JACQUELINE FE		20-5520747		13
Part X\	Information Re Exempt Organ		fers To and Transacti	ons and Relationships	With Noncharitable	9	
1 Did th			the following with any other org	anization described in section 50	1(c) of	Yes N	lo
the Co	ode (other than section 501(c	:)(3) organizations) or i	n section 527, relating to politica	al organizations?			
a Trans	fers from the reporting found	ation to a noncharitable	e exempt organization of:				
(1) 0	ash				1a(1)		X_
(2) C	ther assets				1a(2)	2	X
b Other	transactions						
(1) S	ales of assets to a noncharita	ible exempt organizatio	n		. 1b(1)		<u>X</u>
(2) P	urchases of assets from a no	ncharitable exempt orç	janization		16(2)		X_
• •	lental of facilities, equipment,				. 1b(3)		<u>X</u>
	leimbursement arrangements	•			. 1b(4)		<u>x</u>
	oans or loan guarantees				1b(5)		<u>K</u> _
	erformance of services or me		=	•	1b(6)		X
	ng of facilities, equipment, ma	•			. <u>1c</u>		X_
or ser		oundation. If the found	ation received less than fair mai	ould always show the fair market ket value in any transaction or sh	-		
(a) ∟ine no	(b) Amount involved	(c) Name of n	oncharitable exempt organizatio	n (d) Description of tran	sfers, transactions, and shanng ar	rangements	
			N/A				
			······································				
							_
					·		
							—
		 			 		
		 					_
							—

2a	Is the foundation directly or indirectly affiliated with, or related	to, one or more tax-exempt organizations d	escribed	
	in section 501(c) of the Code (other than section 501(c)(3)) o		Yes X No	
b	If "Yes," complete the following schedule			
	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship
	N/A			
	_			
	Under penalties of penary, I declare that I have examined this return	n, including accompanying schedules and statement	s, and to the best of my knowledge	Maria Popularia
Sig	and belief, it is true, project and complete Declaration of preparer (other than taxpayer) is based on all information of w	hich preparer has any knowledge	May the IRS discuss this return with the preparer shown below (see Instr.)?

Here	1 / //	P/J6//)	PRESI	DENT	_ X Yes N
Si	ignature/of officer or trustee	Date //	Title		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
				self- employed	
Paid	B. ANTHONY OLMO	D-/ M Chou, Uh.	8/10/2012		P00226630
Prepare	Firm's name MERRILL LYNC	CH PIERCE FENNER &	SMITH INC	Firm's EIN > 1	3-2740599
Use Only		,			
	Firm's address ► 1300 MERRII	LL LYNCH DRIVE, 1ST	FLOOR		
	PENNINGTON	NJ 08534-4124		Phone no 2	12-852-3850
· ·			· -		Form 000 DE (001

123622 12-02-11

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

Schedule of Contributors

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the organization

THE MICHAEL AND JACQUELINE FERRO FAMILY FOUNDATION

Employer identification number

20-5520747

Organiz	cation type (check or	ne):
Filers o	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-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
Note. O	nly a section 501(c)(covered by the General Rule or a Special Rule . 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 contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose. Do not co)(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. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year.
but it mi	ust answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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 THE MICHAEL AND JACQUELINE FERRO FAMILY FOUNDATION

Employer identification number

20-5520747

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional space is needed.
--------	--------------	---------------------	----------------------	--

	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL FERRO		Person X Payroll
	1500 N LAKE SHORE DR #21A	\$ 107,500.	Noncash
	CHICAGO, IL 60610		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL FERRO		Person
	1500 N LAKE SHORE DR #21A	\$ 296,200.	Payroll X
	CHICAGO, IL 60610		(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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
123452 01-23			is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Name of organization
THE MICHAEL AND JACQUELINE FERRO FAMILY
FOUNDATION

Employer identification number

20-5520747

art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	10,000 SHARES AMYRIS INC	296 200	06/21/11
		\$\$	06/21/11
(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
		s	
(a) No. from	(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
		\$	

Name of organization

Employer identification number

THE	MICHAEL	AND	JACQUELINE	FERRO	FAMILY
TOTAL	TO TIME CIT				

'OUNDA'	rion		20-5520747
Part III	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	he following line entry. For organization c , contributions of \$1,000 or less f or l	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-	rionalities o maine, addition, a		

FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
DEDUCTIONS PORTFOLIO - (2% FLOOR) FROM PASS-THROUGH ILLINOIS CHARITY BUREAU ILLINOIS STATE FILING FEE BANK FEES	33,585. 15. 36. 150.	33,	585. 0. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	33,786.	33,	585.			0.
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET VALUE	
THE ENDOWMENT TEI FUND LP		COST		1,848,106.	1,848,10	
GROSVERNOR CAPITAL MANAGEMENT TOTAL TO FORM 990-PF, PART II		COST		947,001.	2,795,10	
	F SUBSTANTIA PART VII-A,		UTOR	5	STATEMENT	8
NAME OF CONTRIBUTOR	ADDR	ESS				
MICHAEL FERRO	1500	N LAKE S		DR #21A		

CHICAGO, IL 60610

FORM 990)-PF G	AIN OR (LOSS) F	ROM SALE	OF A	SSETS		STA	TEMENT	1
DESCRIPT	(A) FION OF PROPERTY				ANNER QUIRED		TE IRED	DATE SO	ΣLI
10,000 8	SHARES OF AMYRIS	INC.		DO	NATED	05/1	1/07	06/24/	/11
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	С.	GAIN	(F)	5
<u>-</u>	292,790.	296,200.		0.		0.		-3,41	
DESCRIPT	(A) TION OF PROPERTY	_			ANNER QUIRED	DA ACQU	TE	DATE SO)LI
SHORT TI	ERM CAPITAL LOSS	- PARTNERSHIPS		PUR	CHASED	01/0	1/11	12/31/	11
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOSS	3
	0.	213.		0.		0.		-21	3.
DESCRIPT	(A) TION OF PROPERTY	_			ANNER QUIRED	DA ACQU	TE IRED	DATE SO)LI
LONG TE	RM CAPITAL LOSS	- PARTNERSHIP		PUR	CHASED	01/0	1/10	12/31/	11
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)	3
_	0.	4,376.		0.		0.		-4,37	6.
САРТТАТ.	GAINS DIVIDENDS	FROM PART TV							0.
· · · · · · · ·	CITIO DIVIDINDO	11/011 1111/1 14							٠.

•					
FORM 990-PF INTEREST ON SAVINGS	AND TEM	PORARY C	ASH	INVESTMENTS	STATEMENT
SOURCE					AMOUNT
MERRILL LYNCH ****04066				•	1,47
TOTAL TO FORM 990-PF, PART I, LIN	E 3, CO	LUMN A			1,47
FORM 990-PF DIVIDENDS AN	IN TNTER	FST FROM	SECI	IDTTTES	STATEMENT
TORM 990-FF DIVIDENDS AN	- INTEN		DEC	OKITIES	- GIAIEFIENI
SOURCE	GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME - PARTNERSHIPS		28,499.		0.	28,499
TOTAL TO FM 990-PF, PART I, LN 4		28,499.		0.	28,499
			5.11 .		
FORM 990-PF	OTHER I	NCOME		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	;	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM
PORTFOLIO INCOME FROM PARTNERSHIP		5,2	83.	5,283	•
UNREALIZED GAIN/LOSS FROM PARTNERSHIPS		-149,6	63.	0	•
BOOK/TAX DIFFERENCE FROM PARTNERSHIPS		33,1	96.	0	•
TOTAL TO FORM 990-PF, PART I, LIN	E 11	-111,1	.84.	5,283	•
FORM 990-PF A	CCOUNTI	NG FEES		· · · · · · · · · · · · · · · · · · ·	STATEMENT
	(A) PENSES BOOKS	(B) NET INVE MENT INC			
PROFESSIONAL FEES	7,500.		0	•	(
TO FORM 990-PF, PG 1, LN 16B	7,500.		0	•	

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager or substantial contributor status of Name and address (home or business) recipient DR. PHILIP BONOMI LUNG CANCER NONE NON-PROFIT MEDICAL RESEARCH DRGANIZATION 435 NORTH LASALLE STREET, SUITE 310 CHICAGO, IL 60654 1,000. CHICAGO CARES NONE NON-PROFIT EDUCATION 2 N. RIVERSIDE PLAZA, SUITE 2200 ORGANIZATION CHICAGO, IL 60606 1,000. JOFFREY BALLET NONE NON-PROFIT EDUCATION 70 E. LAKE STREET, SUITE 1300 **ORGANIZATION** CHICAGO, IL 60601 20,000. PEGGY NOTEBAERT NATURE NONE NON-PROFIT EDUCATION 2430 N. CANNON DRIVE ORGANIZATION CHICAGO, IL 60614 5,000. THE ASPEN INSTITUTE NONE NON-PROFIT EDUCATION ONE DUPONT CIRCLE, NW, SUITE 700 **DRGANIZATION** WASHINGTON, DC 20036-1133 60,000. Total from continuation sheets 87,000.

64D

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

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			. X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form)		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
	nic filing (e-file) You can electronically file Form 8868 if		·	•		or a corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
-	o 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 page					
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits		(366 matructions). For more details o	1110 616	ctrome ming	j or trus torra,
Part I			submit original (no copies nee	eded).		
	ration required to file Form 990-T and requesting an autor					
Part I on				,,,,,,,,,,		
All other	corporations (including 1120-C filers), partnerships, REM come tax returns.	ilCs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	.
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identificati	ion number (EIN) or
print	THE MICHAEL AND JACQUELINE		O FAMILY	ampio) o		
p	FOUNDATION			X	20-55	520747
File by the	About an about and an an analysis as If a D.O. have a	ee instruc	tions		curity numb	
due date fo filing your	1500 N. LAKE SHORE DRIVE,		_		culty num	367 (3314)
return See instructions						
	CHICAGO, IL 60610	oroigii ada	noos, see mandonone.			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
	та предостава на	,	,		•	
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	n	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
		05	Form 6069			11
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870			12
rollil 9 9	THE FOUNDATION	1 00	T Offil Ook			
• Thah	ooks are in the care of 1500 N. LAKE SI	HORE I	DRIVE APT 21A - (тнтсь	GO. TI	60610
	hone No. ► 212-852-3850	IOILD I	FAX No. ▶	211 1 011	307 11	
		44 11-				▶ []
	organization does not have an office or place of business				 مامدانین معامی	anaum ah aak shia
	is for a Group Return, enter the organization's four digit	1	\			
box ▶	. If it is for part of the group, check this box				ers the exte	ansion is for.
1 ire	equest an automatic 3-month (6 months for a corporation				Tt	I
	-	t organiza	tion return for the organization name	a above.	i ne extens	ion
	for the organization's return for:					
	X calendar year 2011 or					
•	tax year beginning	, an	d ending		·	
			<u> </u>			
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return L F	inal retur	n	
L	Change in accounting period					
•		0000				
	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			0
	nrefundable credits. See instructions.			3a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	-				2 200
	timated tax payments made. Include any prior year overp			3b	\$	2,200.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879.	EO for payn	nent instructions.
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see Instri	uctions.		Form	8868 (Rev. 1-2012)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	200 (D 4 0040)					~ · · · ·
	368 (Rev. 1-2012)	<u> </u>	amplete only Port II and should this	- hav	-	Page 2 ► X
-	are filing for an Additional (Not Automatic) 3-Month Ex				0000	
	only complete Part II if you have already been granted an a is are filing for an Automatic 3-Month Extension, comple			ilea Form	0000.	
Part				nal (no c	onies n	eeded)
Fait	Additional (Not Automatic) C-Month E	XIGI ISIO				•
Туре о	Name of exempt organization or other filer, see instru	otions	Enter mer s			r, see instructions ation number (EIN) or
rype oi print	THE MICHAEL AND JACQUELINE 1		FAMILY	Linbiose	i identinica	Mon number (Env) or
File by the	ECTIVIDAMITON	LILLIC		X	20-5	520747
due date f	 	ee instruc	tions		_	nber (SSN)
filing your return Sei	C/O MT EOC 1200 MEDDITT TV				ounty mun	11001 (0011)
instruction			•			
	PENNINGTON, NJ 08534		,			
-	<u> </u>					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
		•	,			
Applica	tion	Return	Application	•		Return
ls For		Code	Is For			Code
Form 99	90	01				
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	01	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 8	868.
	THE FOUNDATION					
	books are in the care of 1500 N. LAKE SI	HORE		CHICA	<u>GO, I</u>	L 60610
Tele	phone No. ► 212-852-3850		FAX No. ►			. —
. 5.5		a in the Lir	nited States, check this box			▶
If the	organization does not have an office or place of business					
If the	s is for a Group Return, enter the organization's four digit	Group Exe				
● If the ● If the box ▶	s is for a Group Return, enter the organization's four digit	Group Exe	ch a list with the names and EINs o			
● If the ● If this box ▶ 4 II	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until	Group Exe	ch a list with the names and EINs of BER 15, 2012.	f all memb		
● If the box ▶ 4 II 5 Fe	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until or calendar year 2011, or other tax year beginning	Group Exe	ch a list with the names and EINs of BER 15, 2012.	f all memb	ers the ex	
● If the box ▶ 4 II 5 Fe	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until or calendar year 2011, or other tax year beginning the tax year entered in line 5 is for less than 12 months, c	Group Exe	ch a list with the names and EINs of BER 15, 2012.	f all memb	ers the ex	
● If the ● If the box ▶ 4 1 5 Fe 6 If	s is for a Group Return, enter the organization's four digit	Group Exe	ch a list with the names and EINs of BER 15, 2012.	f all memb	ers the ex	
● If the box ▶ 4 11 5 Fe 6 If [7 S	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas	ch a list with the names and EINs on BER 15, 2012. , and ending on: Initial return	f all memb	ers the ex	tension is for.
• If the box • If the box • If the box • If the first the box • If the	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas	ch a list with the names and EINs of BER 15, 2012.	f all memb	ers the ex	tension is for.
• If the box • If the box • If the box • If the first the box • If the	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas	ch a list with the names and EINs on BER 15, 2012. , and ending on: Initial return	f all memb	ers the ex	tension is for.
● If the box ▶ 4 11 5 6 If [7 S R	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas	ch a list with the names and EINs of BER 15, 2012. , and endinon: Initial return TO FILE A COMPLET	f all memb	ers the ex	tension is for.
If the	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until or calendar year 2011, or other tax year beginning the tax year entered in line 5 is for less than 12 months, concluding the control of the case of the extension characteristic in detail why you need the extension control of the case of the extension control of the case of the extension control of the case of	Group Exe and atta NOVEM heck reas	ch a list with the names and EINs of BER 15, 2012. , and endinon: Initial return TO FILE A COMPLET	f all memb	eturn ACCU	RATE
● If the	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an additional 3-month extension of time until or calendar year 2011, or other tax year beginning the tax year entered in line 5 is for less than 12 months, color change in accounting period tate in detail why you need the extension DDITIONAL TIME IS NEEDED IN CETURN.	Group Exe and atta NOVEM heck reas ORDER or 6069, e	ch a list with the names and EINs of BER 15, 2012. , and ending on: Initial return TO FILE A COMPLET	f all memb	ers the ex	tension is for.
● If the box ▶ 4 11 5 Fe 6 If [7 SA R 8a If no bo If	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas ORDER or 6069, e	ch a list with the names and EINs of BER 15, 2012. , and ending on: Initial return TO FILE A COMPLET Inter the tentative tax, less any refundable credits and estimated	f all memb	eturn ACCU	RATE
● If the box ▶ 4 11 5 Fe 6 If [7 S A R R]	s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEM heck reas ORDER or 6069, e	ch a list with the names and EINs of BER 15, 2012. , and ending on: Initial return TO FILE A COMPLET Inter the tentative tax, less any refundable credits and estimated	g Final r E AND	eturn ACCU	RATE 5,700.
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