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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to satisfy state reporting re

OMB No 1545-0052

SCANNED AUG 01 2012

			be able to use a copy of this			rung requirements.	
		ndar year 2011 or tax year beginning		, and e	nding		
Name of foundation						A Employer identificatio	n number
ANN AND DODERM II LIDTE BOINDAMTON							
		AND ROBERT H. LURIE FO				36-3486274	
		and street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
		W. ONTARIO STREET	····			312-466-39	982
		own, state, and ZIP code				C if exemption application is	pending, check here
	_	CAGO, IL 60654					
G (Check	all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organization	s, check here
		Final return	Amended return			_	
		Address change	Name change			Foreign organizations m 2. check here and attach c	eeting the 85% test, omputation
<u>H_(</u>	_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	itus was terminated
느			Other taxable private found	ation		under section 507(b)(1)(A), check here
l Fa	ur ma	arket value of all assets at end of year J Accounti	~	Accr	ual	F If the foundation is in a	60-month termination
			ther (specify)			under section 507(b)(1	
	\$	12514454 . (Part I, colu	mn (d) must be on cash i	basis.)			
Pa	ırt l	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	inco	ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	5050000.			N/A	-1
	2	Check if the foundation is not required to attach Sch. B	ž			•	
	3	Interest on savings and temporary cash investments	784.		784.		STATEMENT 1
	4	Dividends and interest from securities	37105.		<u>37105.</u>		STATEMENT 2
	5a	Gross rents					
	b	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale of assets not on line 10	2721826.		S 2		
nue	b	Gross sales price for all assets on line 6a 7500028.	54		4	, , , , , , , , , , , , , , , , , , ,	,, ,
Revenue	7	Capital gain net income (from Part IV, line 2)		27	21826.		
ш	8	Net short-term capital gain					, m , 2 - 3 - 35
	9	Income modifications	*, * * * *		h h		: . '. '
	10a	Gross sales less returns and allowances	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		у.		, ,
	b	Less Cost of goods sold	5 .		. 1 .		
	C	Gross profit or (loss)			·		- 1
	11	Other income .					
	12	Total. Add lines 1 through 11	7809715.	27	59715.		
	13	Compensation of officers, directors, trustees, etc	0.		0.	-	0.
	14	Other employee salaries and wages					
s	i	Pension plans, employee benefits					
ıses	1	Legal fees .					
ē		Accounting fees					
Ωį		Other professional fees					
tive	17	Interest					
and Administrative Expen	18	Taxes STMT 3	30000.		0.		0.
ini	19	Depreciation and depletion					
μþ	20	Occupancy RECEIVED					
φ	21	ravel, conferences, and meetings					
an	22	Printing and publications Other expenses JUL 3 (SZIMT 4 S	98.		0.		0.
Operating	23	Other expenses JUL 3 (SZIMT 48)	12203.		75.		0.
rat	24	Total operating and administrative	40201				
ď		expenses was mission with the Tite	42301.		75.		0.
		Containations, gints, grants paro	793808.				793808.
	26	Total expenses and disbursements.	026102				
		Add lines 24 and 25	836109.		75.		793808.
		Subtract line 26 from line 12:	CORDER	•			,
		Excess of revenue over expenses and disbursements	6973606.		F A C 4 =		
		Net investment income (if negative, enter -0-)	,	27.	59640.		
12350)1)1	Adjusted net income (rl negative, enter -0-)				N/A	
1235(12-02	-11	LHA For Paperwork Reduction Act Notice, see i	nstructions.	1		618	Form 990-PF (2011)
				1		010	

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u></u>	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	١ 1	Cash - non-interest-béaring			
	2	Savings and temporary cash investments	1412713.	909536.	909536.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts	1	**************************************	
	4	Pledges receivable ►	_	,	
		Less: allowance for doubtful accounts	t annichten t been tetere i met terret i rei alt untersteen des ausbesteen de la company de la compa	to be the second to the second	
	5	Grants receivable		· · · · · · · · · · · · · · · · · · ·	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable 7500000.	,		- !
		Less: allowance for doubtful accounts ▶ 0 .	0.	7500000.	7500000
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		5000.	5000.
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	4221722.	4193520.	3897828.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		The second secon	**************************************
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	1001069.	1000994.	199465.
	14	Land, buildings, and equipment basis		April Company and Company had been a	
		Less accumulated depreciation			
	15	Other assets (describe STATEMENT 7)	595006.	595006.	2625.
_		Total assets (to be completed by all filers)	7230510.	14204056.	12514454.
	17	Accounts payable and accrued expenses			11 30
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable	0.		
	22	Other liabilities (describe STATEMENT 8)	U •	-60.	
	22	Total liabilities (add lines 17 through 22)	0.	-60.	
	23	Foundations that follow SFAS 117, check here	0.	-00.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			· - 4.
Fund Balances	25	Temporarily restricted			
Bal	26				
pu		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
S OF	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.	
As	29	Retained earnings, accumulated income, endowment, or other funds	7230510.	14204116.	- {
Net Assets or	30	Total net assets or fund balances	7230510.	14204116.	
_					1
	31	Total liabilities and net assets/fund balances	7230510.	14204056.	1
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	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)	30		7230510.
		r amount from Part I, line 27a	•	. 1	6973606.
		r increases not included in line 2 (itemize)		. 2	09/3000•
		lines 1, 2, and 3		4	14204116.
		eases not included in line 2 (itemize)	••	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		14204116.

Part IV Capital Gains a	ind Losses for Tax on In	vestment	Income					
	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs			I ` P -	ow acquired Purchase Donation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a MATISSE PAINTIN	G: LA BLOUSE RO	SE				11/0	1/11	12/28/11
b MOTOROLA SOLUT		SH				01/0		01/04/11
c 752 SHS MOTORS						11/2		06/20/11
d PONIARD PHARME	CEUTICALS FRAC S	H			P	11/2	3/11	11/23/11
<u>e</u>				<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss (f) minus	
a 7500000.			475000	0.				2750000.
b 22.								22.
С			2820	2.				-28202.
<u>d</u> 6.				_				6.
e								
Complete only for assets showing	g gain in column (h) and owned by t				(I)	Gains (C	ol. (h) gaın ıot less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. ((h))
a								2750000.
b								22.
С								-28202.
<u>d</u>				_				6.
e		<u> </u>						
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter If (loss), enter -0-	in Part I, line i - in Part I, line	7 7 .	.}	2			2721826.
3 Net short-term capital gain or (los:				ÍΓ	Ī			
If gain, also enter in Part I, line 8,	,	(0).		ĴΙ				
If (loss), enter -0- in Part I, line 8				71	3		N/A	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	ome		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come.)			
If section 4940(d)(2) applies, leave th	is part blank							
Was the foundation liable for the sect			•	lods				Yes X No
If "Yes," the foundation does not quali	ty under section 4940(e). Do not co ach column for each year, see instri			00				
(a)		uctions before	making any emine					(0)
Base periód years	Adjusted qualifying dis	tributions	Net value of no	(c)	able-use assets	1 .	Distrit	oution ratio rided by col. (c))
Calendar year (or tax year beginnin	9 "'/ 1	80238.	7,0110.000		5995974		(cor. (b) aiv	1.792966
2010 2009		58493.			7836914			.339782
2008		79792.			8228052			.391853
2007		98656.			1081978			.193780
2006		41559.			7052037			.389488
		223334			7032037	╫─┐		.303400
2 Total of line 1, column (d)						2		3.107869
3 Average distribution ratio for the 5	-vear base period - divide the total of	on line 2 by 5.	or by the number	of vea	rs .	 -		
the foundation has been in existen	•				-	3		.621574
4 Enter the net value of noncharitab	e-use assets for 2011 from Part X.	line 5				4		6555354.
5 Multiply line 4 by line 3						5		4074638.
	•							
6 Enter 1% of net investment incom	6 Enter 1% of net investment income (1% of Part I, line 27b)				6		27596.	
						1		
	, , , , , , , , , , , , , , , , , , , ,		•					
7 Add lines 5 and 6	,		•			7		4102234.
7 Add lines 5 and 6			٠			7		4102234.
8 Enter qualifying distributions from						7		4102234. 793808.

	-348627		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	3 - see instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T		
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	Ì		1
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		551	93.
of Part I, line 27b	<u> </u>		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	Ì	-	:
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			n
3 Add lines 1 and 2		551	93.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		551	<u>-</u>
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 62290.	1 '	,	* * * * * * * * * * * * * * * * * * *
	/	-	1
	1.	•	, ,
c Tax paid with application for extension of time to file (Form 8868) 6c		,	
d Backup withholding erroneously withheld		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	أنيك
7 Total credits and payments. Add lines 6a through 6d		622	90.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		70	97.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 7097 . Refunded ▶ 11			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	· _		
distributed by the foundation in connection with the activities.	ļ.,	٧.	2 30
c Did the foundation file Form 1120-POL for this year?	10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1.	
(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •		12.50	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	٠.٠],	1
managers. ► \$ 0 •	٠,_		1
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities		,	C V E
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		- 5,	37- 44
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	- ^^ -	χ̈́
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	1	X
If "Yes," attach the statement required by General Instruction T	-	<u> </u>	7,5
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:] : "	72 - g
By language in the governing instrument, or			1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
remain in the governing instrument?	6	X	Muz 3
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	\vdash
If "Yes," complete Part II, col. (c), and Part XV.	<u> </u>	+	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			- *-]
IL			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1 '	
of each state as required by General Instruction G? If "No," attach explanation	, n	×	'
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	8b	+^	
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	. 9	+-	X
The daily persons become substantial continuators during the tax year if "Yes," attach a schedule listing their names and addresses	10	T	
	Form 99	U-PF (2011)

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

Form 990-PF (2011) ANN AND ROBERT H. LURIE FOUNDATION	36	3486274 Pa	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NOI	VE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	ation
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 statistical infinite number of organizations and other beneficiaries served, conferences convened, research papers produced, or	ormation such as the etc.	Expenses	
1 N/A			
			_
			0.
2			
3			
А			
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 lines 1	and 2	Amount	
1	uno 2.	Amount	
2			
All other program-related investments. See instructions.			
3 <u>N/A</u>		İ	
			0
Total Add lines 1 through 3			0.

P	art X · Minimum Investment Return (All domestic foundations mu	ust c	omplete this pa	art. Foreign foui	ndations, se	e 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	3374076.
b	Average of monthly cash balances				1b	1057422.
C	Fair market value of all other assets				1c	2223684.
d	Total (add lines 1a, b, and c)				1d	6655182.
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	6655182.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	see in	structions)	•	4	99828.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on I	Part \	/, line 4	•	5	6555354.
6	Minimum investment return. Enter 5% of line 5			•	6	327768.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.)	í (j)(5) private operatii	ng foundations an	d certain	
1	Minimum investment return from Part X, line 6				1	327768.
2a	Tax on investment income for 2011 from Part VI, line 5	2a		55193.	1	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b			+	
C	Add lines 2a and 2b				2c	55193.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	272575.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	272575.
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 X	III, lir	ne 1	·	7	272575.
P	art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	ises.			. 1	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	793808.
b	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	e. etc.	. DUTDOSES		2	
3	Amounts set aside for specific charitable projects that satisfy the:	,	, , , ,			
а	Suitability test (prior IRS approval required)				3a	
b	Cash distribution test (attach the required schedule)				3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and	l Part	XIII. line 4	•	4	793808.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest		•		·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	income. Enter 1% of Part I, line 27b				5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		•	•	6	793808
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years who	en ca	lculating whethe	r the foundation o	L	
	4940(e) reduction of tax in those years.					

TOTAL SOUTH (2011) THE THE	DERT II. BURLE	TOUNDATION		34862/4 Page 9
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,				
line 7				272575.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
C. Fyrono distributions are in the control of the c		0.		<u> </u>
3 Excess distributions carryover, if any, to 2011:	1			
a From 2006	1			
b From 2007 c From 2008 6542767.				
dFrom 2009 8074121.				
eFrom 2010 28009963.				
f Total of lines 3a through e	42626851.			
4 Qualifying distributions for 2011 from	42020031.			
Part XII, line 4: ►\$ 793808.			,	
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) **	793808.			
d Applied to 2011 distributable amount	, , ,			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)	272575.		· · · · · · · · · · · · · · · · · · ·	272575.
6 Enter the net total of each column as indicated below:	-		, ,	·
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	43148084.	,	·	
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 e Undistributed income for 2010. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			•	
f Undistributed income for 2011, Subtract			0.	<u> </u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2012	ĺ.	`		0
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		ļ		•
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012				

10 Analysis of line 9:

a Excess from 2007

b Excess from 2008

c Excess from 2009 dExcess from 2010 e Excess from 2011

6270192. 8074121. 28009963. 793808.

SEE STATEMENT 10

43148084.

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Subtract lines 7 and 8 from line 6a

	ROBERT H.			36-34	86274 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
 foundation, and the ruling is effective fo 	r 2011, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operati	ng foundation described i		4942(j)(3) or49	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
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	1				
d Amounts included in line 2c not					
used directly for active conduct of		1			İ
exempt activities					İ
e Qualifying distributions made directly					
for active conduct of exempt activities.					İ
Subtract line 2d from line 2c					Į
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets	ļ	\			1
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter	<u> </u>				
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		1 .			
(4) Gross investment income		_			
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during t			n the realidation	11 11dd 40,000 01 111	// U III 455515
1 Information Regarding Foundation				 	
a List any managers of the foundation wh		than 2% of the total cont	ributions received by th	e foundation before the clos	se of any tay
year (but only if they have contributed r			indutions received by th	e loandation belove the elec	ic or any aix
ANN LURIE					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	or an equally large port	ion of the ownership of a pa	artnership or
other entity) of which the foundation ha			(or an oquany large port	.on or the owner only of a pr	a moromp or
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pr	rograms:		
Check here ► X if the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	 		· · · · · · · · · · · · · · · · · · ·		
N/A	iber of the person to who	in applications should be	addressed.		
11,11					
b The form in which applications should	he submitted and informa	ition and materials they sl	horild racinde.		
N/A	bo out military and military	·	Todia Molado.		
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
N/A					
	·				

3 Grants and Contributions Paid During the		Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a rad dailing the year		1		
CATHOLIC THEOLOGICAL UNION	NONE	501(C)(3)	UNRESTRICTED	
5401 SOUTH CORNELL AVE				
CHICAGO, IL 60615		-		1000
				
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVE., #520	NONE	501(C)(3)	UNRESTRICTED	
CHICAGO, IL 60602-4805				5000
-				
		İ		
CHICAGO SYMPHONY ORCHESTRA	NONE	501(C)(3)	UNRESTRICTED	
220 SOUTH MICHIGAN AVE CHICAGO, IL 60604-2559				3250
				
	Ì	Ì		
HUMAN RIGHTS WATCH INC.	NONE	501(C)(3)	UNRESTRICTED	
350 FIFTH AVE., 34TH FLOOR		1		
NEW YORK , NY 10118-3299		 		200000
NATIONAL FOUNDATION FOR INFECTIOUS DISEASES	NONE	501(C)(3)	UNRESTRICTED	
4733 BETHESDA AVE., #750				
BETHESDA, MD 20814				9000
Total SEE CC b Approved for future payment	NTINUATION SHE	ET.(2)	<u>▶ 3a</u>	79380
- , фр. этой тол розулган.		}		
NONE				
NOME		ļ		
				
	1			
Total			▶ 3b	

ANN AND ROBERT H. LURIE FOUNDATION **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(0)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	741100111	Tanodon income
a			L		
b					
c		i			
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	784.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	 	Se hay		371030	
a Debt-financed property	 	· · · · · · · · · · · · · · · · · · ·			
			-	·	
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1				
than inventory			18	2721826.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					-
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		2759715.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	2759715.
(See worksheet in line 13 instructions to verify calculations.)			•		
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incor	me is renorted	in column (e) of Part XVI-Δ	contrib	outed importantly to the accord	nnlichment of
the foundation's exempt purposes (other than t			COMMIN	Jusco importantly to the accom	ipiisiiriiciit oi
- In the state of	-, p	, , , , , , , , , , , , , , , , , , ,			
		·			
		 -			
					
					
				······································	
					<u> </u>
					

Form **990-PF** (2011)

123621 12-02-11

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

				ig with any other organization		on 501(c) of		res	NO
	•			?7, relating to political organ	nizations?		j 1	- ·	1 44
a Transfers	s from the reporting founda	ation to a noncharital	ole exempt or	ganization of:				-	200
(1) Cash	1		•				1a(1)		X
(2) Othe	r assets						1a(2)		X
b Other trai	nsactions:								3.1
(1) Sale:	s of assets to a noncharital	ble exempt organizat	ion			_	1b(1)		X
(2) Purc	hases of assets from a nor	ncharitable exempt o	rganization			•	1b(2)		Х
(3) Rent	al of facilities, equipment,	or other assets			·	•	1b(3)		X
(4) Reim	nbursement arrangements			•	•	•	1b(4)		X
• •	ns or loan guarantees			•• • •	•		1b(5)		X
• •	ormance of services or me	mbership or fundrais	sino solicitatio	ons	•		1b(6)		X
	of facilities, equipment, ma						10		X
				dule. Column (b) should al	ways show the fair m	narket value of the o		ete.	
				ed less than fair market valu				cis,	
	d) the value of the goods,			od 1055 tilati idil Tilatikot valt	oc in any transaction	or snaring arranger	neng snow m		
(a)Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transaction			
(4)2,110 110	(b)//intodire involved	(O) Hame of	N/A	- cxcmpt organization	(u) Description	of transfers, transaction	ris, and sharing an	angeme	nts
			IV/A				_		
									
			<u> </u>						
				•					
							* -		
									
					-				
2a Is the four	indation directly or indirect	tly affiliated with or r	elated to one	or more tax-exempt organi	zations described				
	1 501(c) of the Code (other				zations ocsenbed		Yes	Y] No
	complete the following sch	, ,	(3)) 01 111 3001	1011 027		-	L 162	LAA	J 140
<u>u ii 165, 6</u>	(a) Name of org			(b) Type of organization		(c) Description of rel	lationchin		
	N/A	janization		(b) Type of organization	ļ <u>'</u>	C) Description of fer	lationship		
	IV/A								
				<u> </u>					
		$ \lambda$							
1	/_								
landh	r penalties of perfury, I declare to relief, it is true, correct, and com-	that I have examined this	s return, includin	ig accompanying schedules and in taxpayer) is based on all inform	statements, and to the l	pest of my knowledge	May the IRS		
Sign	I Non 11 6	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JUL - 6 2012		, ,	return with the shown below	prepar (see ins	er tr)?
Here	WILL	Mul	<u>'</u>	JUL U ZUIZ	PRESID	ENT	Yes		No
Sig	nature of officer or trustee	• • • • • • • • • • • • • • • • • • • •		Date	Title		-		
	Print/Type preparer's na	ime	Preparer's s	gnature	Date	Check if	PTIN	•	
				٠٠٠٠ م٠٠٠		self- employed			
Paid	LAURA GILL	ESPIE	Jama	g dillespie	6/27/12		P00855	604	
Preparer	Firm's name ► DEL	OITTE TAX	LLP		•	Firm's EIN ▶ 86			
Use Only									
-	Firm's address ▶ 11	1 S. WACK	ER DRI	VE		<u> </u>			
		ICAGO, IL				Phone no. 31	12-486-	100	0
_						Transition.	Form 990		_
							101111330	-r r l	20111

Schedule B (Form 990, 990-EZ, 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

Name of the organization

Employer identification number

	ANN AND ROBERT H. LURIE FOUNDATION	36-3486274					
Organization type (chec	sk one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt chantable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 50	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, (10) or (10) organization can check boxes for both the General Rule and a Special Rule.						
	mplete Parts I and II.	, , , , , , , , , , , , , , , , , , ,					
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	•					
total contribution	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 If this box is ch purpose Do no	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
_	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on						

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)

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

Name of organization

Employer identification number

ANN AND ROBERT H. LURIE FOUNDATION

36-3486274

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANN LURIE 440 W ONTARIO STREET CHICAGO, IL 60654	sss	Person X 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
2	ANN LURIE 440 W ONTARIO STREET CHICAGO, IL 60654	\$ <u>4750000.</u>	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
123452 01-2		\$Schodula B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ANN AND ROBERT H. LURIE FOUNDATION

36-3486274

art II	Noncash Property (see instructions). Use duplicate copies of P	art 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	PAINTING - LA BLOUSE ROSE		
		\$ <u>4750000</u> .	11/01/11
(a) No. irom 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-12	\$\$	90, 990-EZ, or 990-PF) (2

Name of org	anization		Employer identification number
י אול זאדא	ND ROBERT H. LURIE FOUN	T) A T T (N	36-3486274
Part III	Exclusively religious, charitable, etc., indi	vidual contributions to section 501(c)	(7), (8), or (10) organizations that total more than \$1,000 for the
	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et	he following line entry. For organization c., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once) \$
	Use duplicate copies of Part III if addition	al space is needed.	(Lines and morning of the Control of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5). 6. pose of give	(4, 666 6, 9	(c, zees, passes in a signature in a
		(-)7	
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	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
-		(e) Transfer of gift	t
	Transferee's name, address, a	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) i ui pose oi giit	(o) Osc or girt	(a) Bescription of now gift is field
1		(e) Transfer of gift	t
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
]			
123454 01-23	3-12		Schedule B (Form 990, 990-EZ, or 990-PF) (2011

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient 501(C)(3) RESEARCH AMERICA NONE UNRESTRICTED 1101 KING STREET, SUITE 520 ALEXANDRIA, VA 22314-2960 25000. 501(C)(3) TRUST FOR AFRICAN ROCK ART NONE UNRESTRICTED P.O. BOX 24122 125000. NAIROBI, KENYA AFRICAN INFEDTIOUS DISEASE VILLAGE NONE 501(C)(3) UNRESTRICTED CLINICS INC 440 W. ONTARIO STREET CHICAGO, IL 60654 342308. Total from continuation sheets 492308.

	<u> </u>						
FORM 990-PF INTEREST ON SAV	INGS AN	ND TEM	PORARY C	ASH I	NVESTMENTS	STATEMENT	
SOURCE						AMOUNT	
BANK OF AMERICA CHASE/JP MORGAN					•	290 494	
TOTAL TO FORM 990-PF, PART I	784						
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
AON CORP DAILY INC FUND US TREASURY EMERSON ELECTRIC FIDELITY CASH RESERVES FIDELITY INSTITUTIONAL MNY MKT FOOT LOCKER INC HOME DEPOT			17010. 0. 1. 0. 11480. 0. 16. 0. 584. 0. 2580. 0. 4680. 0.			17010. 1. 11480. 16. 584. 2580. 4680.	
MOTOROLA TOTAL TO FM 990-PF, PART I, 1	LN 4 =	754. 0. 37105. 0.		37105.			
FORM 990-PF		TAX	ES			STATEMENT :	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX	-	30000.		0.	-	0	
TO FORM 990-PF, PG 1, LN 18		30000.	0.			0.	
-							

FORM 990-PF	OTHER E	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) (B EXPENSES NET IN PER BOOKS MENT II					
FILING FEES BANK CHARGES & FEES ILLINOIS CHARITY BUREAU FUND MISCELLANEOUS EXPENSES SUBSCRIPTIONS OFFICE SUPPLIES PORTFOLIO DEDUCTIONS FROM LURIE HOLDINGS LLC K-1	325. 1877. 100. 115. 0. 9711.		0. 0. 0. 0. 0.			0.000
TO FORM 990-PF, PG 1, LN 23	12203.		75.	 		0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	
DESCRIPTION			вос	K VALUE	FAIR MARKET	r
COMMON STOCK NANOINK, INC. NANOSPHERE ALPHATEC HOLDINGS INC.		-		598117. 900000. 928195.	244045 90000 16595	
PONIARD PHARMACEUTICALS	· ITNE 100	-		773569.	37874	50. 44. 75.
PONIARD PHARMACEUTICALS TOTAL TO FORM 990-PF, PART II	(, LINE 10B	=				50. 44. 75.
PONIARD PHARMACEUTICALS	OTHER INV	ESTMENTS		993639.	1267	50 44 . 75 . 28 .
PONIARD PHARMACEUTICALS TOTAL TO FORM 990-PF, PART II	OTHER INV	ESTMENTS LUATION ETHOD	вос	993639.	389782	50. 44. 75. 28.
PONIARD PHARMACEUTICALS TOTAL TO FORM 990-PF, PART II FORM 990-PF	OTHER INV	LUATION	ВОС	993639.	389782 STATEMENT	50. 44. 75. 28.

FORM 990-PF	OTHER ASSETS	STATEMENT 7			
DESCRIPTION	BEGINNING OF YR BOOK VALUE		FAIR MARKET VALUE		
INVESTMENT IN COLLECTIBLES	2625.	2625.	2625		
UNREALIZED APPRECIATION ON CONTRIBUTED ASSETS	592381.	592381.			
TO FORM 990-PF, PART II, LINE 15	595006.	595006.	2625.		
FORM 990-PF OT	HER LIABILITIES		STATEMENT 8		
DESCRIPTION		BOY AMOUNT	EOY AMOUNT		
AMX ACCOUNT ADJUSTMENT		0.	-60.		
TOTAL TO FORM 990-PF, PART II, LI	NE 22	0.	-60.		

	T OF OFFICERS, I FOUNDATION MANA		STATI	STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
ANN LURIE 440 W. ONTARIO STREET CHICAGO, IL 60654	PRES/TREAS/DIF	RECTOR 0.	0.	0.		
SHELI Z. ROSENBERG 737 N. MICHIGAN AVENUE, #1405 CHICAGO, IL 60611	VP/SEC/DIRECTO 0.50	OR 0.	0.	0.		
MARK SLEZAK 440 W. ONTARIO STREET CHICAGO, IL 60654	VP/DIRECTOR 0.50	0.	0.	0.		
ANDREW LURIE 440 W. ONTARIO STREET CHICAGO, IL 60654	VP/DIRECTOR 0.50	0.	0.	0.		
BENJAMIN LURIE 440 W. ONTARIO STREET CHICAGO, IL 60654	VP/DIRECTOR 0.50	0.	0.	0.		
ELIZABETH LURIE 440 W. ONTARIO STREET CHICAGO, IL 60654	VP/DIRECTOR 0.50	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.		

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 10

SECTION 4942(H)(2) ELECTION AS TO THE TREATMENT OF QUALIFYING DISTRIBUTIONS

> ANN AND ROBERT H LURIE FOUNDATION F.E.I.N. 36-3486274 440 W ONTARIO STREET CHICAGO, IL 60654

PURSUANT TO IRC SEC. 4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE ABOVE REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

TAX YEAR

AMOUNT

2008

\$272,575

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 yo	e are	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-N nplete Part II unless you have already been	Ionth Exter	nsion, complete only P	art II (on page 2 c	f this	form),	
Elect a con 8868 Retur	ronic porati to rec n for	filing (e-file). You can electronically file Forton required to file Form 990-T), or an addition to file any of the Transfers Associated With Certain Person (). For more details on the electronic filing of	n 8868 if yo nal (not auto forms liste al Benefit (ou need a 3-month auto omatic) 3-month extens d in Part I or Part II wit Contracts, which must	matic extension o ion of time. You o th the exception o be sent to the i	f time an el of For RS in	e to file ectroni m 8870	(6 months for cally file Form 0, Information or format (see
Par	U	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copi	es needed).			
A co	porat	on required to file Form 990-T and requi	esting an a	automatic 6-month ext	ension-check th	is bo	x and	complete
Part I	only	• • • • • • • • • • • • • • • •						· · ▶ 🗀
All of	rer co	rporations (including 1120-C filers), partners ne tax returns.	hips, REMIC	Cs, and trusts must use	Form 7004 to rec	vest	an exte	ension of time
io me	INCON	ie tax returns.		_				
T		Name of exempt organization or other filer, see	metarchone		ter filer's identityir Employer identi			
Type print	Or	ANN AND ROBERT H. LURIE FO			1_ : : "		מוזזעת חנ	er (EIN) or
File by	ita	Number, street, and room or suite no. If a P.O. t			XI 36 - 34862 Social security		0. (884)	
due dat		440 W. ONTARIO STREET	JOX, GCC MIGE	JONO 13.	Goodal secondy	יטוווטיי	E: (3314)	
filing yo return.		City, town or post office, state, and ZIP code. For	or a foreion a	ddress, see instructions	<u> </u>			
וואטווו		CHICAGO, IL 60654	or a rororgina					
			·····					
Enter	the R	eturn code for the return that this application	is for (file a	separate application to	r each return) .			. 04
Appl	icatio	n	Return	Application		•		Return
is Fo	r		Code	Is For				Code
Form	Form 990 O1 Form 990-T (corporation)					 -	07	
Form	990-	BL	02	Form 1041-A	 			08
Form	990-	Z -	01	Form 4720				09
Form	m 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
Tele If the If the	phone orga s is fo whol with th I rea until	s are in the care of ► SHARRON MANLEY, a No. ► 312-466-3982 Inization does not have an office or place of the riangle of the group, check this box ►	FA Dusiness in a ur digit Grou it is for partision is for. orporation in	X No. ► the United States, chec up Exemption Number (t of the group, check the	k this box	▶ [. If t	this is attach
2 3a	Cl	tax year beginning tax year entered in line 1 is for less than 12 hange in accounting period application is for Form 990-BL, 990-PF, 99 efundable credits. See instructions.				um 3a	, 20	55,193
b	If the	s application is for Form 990-PF, 990-T,	4720, or 6	069, enter any refunda	able credits and		 	
		nated tax payments made. Include any prior				3b	\$	62,290
С		nce due. Subtract line 3b from line 3a. Includ			equired, by using			
Courtin		S (Electronic Federal Tax Payment System).			0/	3c	<u> </u> S	0
Cautio	н. п ус	u are going to make an electronic fund withdrawa	WITH THE POR	m 6668, see horm 8453-E	∪ and ⊦orm 8879-E	J for p	payment	. instructions.