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Form **990-PF**

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

2011

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For cal	endar year 2011, or tax year beginning	, 2011	, and ending	y	
	EGAN FOUNDATION			A Employer identification no 36-3924084	ımber
	GROVE COE, IL 60022			B Telephone number (see the 847-480-9020	nstructions)
				C If exemption application is	s pending, check here
G Che	eck all that apply.	Initial Return of a for	mer public charity	D 1 Foreign organizations, che	eck here
	Final return Address change	Amended return Name change		2 Foreign organizations mee	
H 0	heck type of organization Section 50	1(c)(3) exempt private		here and attach computate	on P
	Section 4947(a)(1) nonexempt charitable are market value of all assets at end of year J Acc			E If private foundation statu under section 507(b)(1)(A	
	from Part II, column (c), line 16)	counting method XC Other (specify)	<u> </u>	F If the foundation is in a 6	
► \$, column (d) must be o		under section 507(b)(1)(B	
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investmen income	t (c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	51,000.	30 5. 创新与305. 数		1. 多名 水學八十六
	2 Ck if the foundn is not req to att Sch B 3 Interest on savings and temporary	MARKET OF THE SECTION	高级 《中央》	With the war from	(表)
	cash investments				国身外就是几次社会。
	4 Dividends and interest from securities 5a Gross rents .				このでは (金属) はない (日本)
	b Net rental income or (loss)	3.22年第二十四年	于新江湖北江湖		E The Park State of the
Ŗ	6a Net gain/(loss) from sale of assets not on line 10.	7 - 37	是所有的方式作品	Mary of the state of the state of	はない物質が高
E V	b Gross sales price for all assets on line 6a	C 宝色。17 18 18 22 22 22 22 22 22 22 22 22 22 22 22 22	Francisco de Como	THE STATE OF THE S	The state of the s
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				Charles May 1997
Ü	9 Income modifications		全种,在一种的	neg p	。17年代的大学的企業學的是19月
_	10 a Gross sales less returns and allowances		建筑外外		
	b Less Cost of goods sold		PODLING NAME	建 想通过的现在分词。	· · · · · · · · · · · · · · · · · · ·
	c Gross profit/(loss) (att sch)		机分类的流程		行うの利義を行るにから
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	51,000.	(0.	20 1 新鞭子 1000 B
	Compensation of officers, directors, trustees, etc	1,500.			
	14 Other employee salaries and wages15 Pension plans, employee benefits				
А					
A D M	b According (egs/attaches) VSec St. 1	900.			900.
0 1	c Other profitees (attach sch) 17 Interest 18 Taxes (attach schedule) see instris) 19 Depart Whyten (attach				
PS	17 Interest AliG 1 0 2012				
E T R R A A	13 Depretation (attach				
N V	sch) and depletion EN UT 20 Occupancy GDEN				4 3 4 3 5
G E	21 Travel, conferences, and meetings	3,471.			3,471.
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)				
EN	See Statement 2	28.			
Š	24 Total operating and administrative expenses. Add lines 13 through 23	5,899.			4,371.
S	25 Contributions, gifts, grants paid Part .XV	59,975.	1945 M. M. 144	The state of the s	59, 975.
	26 Total expenses and disbursements. Add lines 24 and 25	65,874.	0		64,346.
	27 Subtract line 26 from line 12:	35,674.	1120 21114 102-104	1. C.	04, 340.
	a Excess of revenue over expenses and disbursements	-14,874.	And the second s		No. 41.85 日間
	b Net investment income (if negative, enter -0-)	14,074.	0		[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	C Adjusted net income (if negative, enter -0-)	企业运动的企业	書でない かっきゅうかい	· <u>.</u> 0.	北下 (東海に)

Das	4 11.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End •	of year
Fal	en:	Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	18,961.	18,524.	18,524.
	3	Accounts receivable		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	Tari abiting	N. C.	
		Less. allowance for doubtful accounts ▶	<u></u>	ļ. <u></u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	The state of the s	さ、12 次額を含む	224
A	l	Less allowance for doubtful accounts ▶			
š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10:	a Investments — U.S. and state government obligations (attach schedule)			
	l t	investments — corporate stock (attach schedule)			
	(Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			in, and the first
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis	· · · · · · · · · · · · · · · · · · ·	THE PARTY OF THE P	
		Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I).	18,961.	18,524.	18,524.
Ļ	17	Accounts payable and accrued expenses			Total to as of the same of the same
A	18	Grants payable .			A CONTRACTOR
Ŗ	19	Deferred revenue			الإهل أنها المقرورة المعراق الإرام المعراق
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons		-	
Ī	21	Mortgages and other notes payable (attach schedule)			是是"是是"(1982年)
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.1	0.	
	23	Foundations that follow SFAS 117, check here	0.		
		and complete lines 24 through 26 and lines 30 and 31.	-		
N F E U T N	24	Unrestricted			心影響性於自動
EUTN	25	Temporarily restricted			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
A D	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	"是一个是一个
S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	4		STATE OF THE STATE
ĔĹ	27	·	18,961.	10 524	1 4 4 5 1 1 1 1 1 1 1 1 1 1
A B A L A N	27	Capital stock, trust principal, or current funds	10, 361.	18,524.	· "是一个
С	28 29	Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see instructions)	18,961.	18,524.	The state of the state of the state of
•	31	Total liabilities and net assets/fund balances (see instructions)	18,961.	18,524.	
Pari	. 111	Analysis of Changes in Net Assets or Fund Balanc		10, 524.	· · · · · · · · · · · · · · · · · · ·
1	rotal end-c	net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return).	umn (a), line 30 (must a	gree with	18,961.
		amount from Part I, line 27a		2	-14,874.
		increases not included in line 2 (itemize). See Statement	3	3	14,437.
		ines 1, 2, and 3		4	18,524.
		ses not included in line 2 (itemize).		5	
		net assets or fund balances at end of year (line 4 minus line 5)) - Part II, column (b), I	ine 30 6	18,524.

Pä	rt IV Capital Gains and	Losses for Tax on Investment	t Income			
	(a) List and describ 2-story brick warehou	e the kınd(s) of property sold (e g , re se, or common stock, 200 shares ML	C Company)	b) How acquire P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1:	a N/A					
	b					
	<u> </u>					
	d			······································	<u>- </u>	
		1				l
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
	a					
)	 				
		ļ <u></u>				
	<u> </u>	-				
		J	the foundation on 12/21/60			
	(i) Fair Market Value	ring gain in column (h) and owned by (j) Adjusted basis	(k) Excess of column (i		(I) Gains (Coli gain minus column (I	
	as of 12/31/69	as of 12/31/69	over column (j), if any		han -0-) or Losses (fi	om column (h))
	<u> </u>					
t) <u> </u>		· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	<u> </u>	<u> </u>			<u> </u>	
2	Capital gain net income or (ne	t capital loss)lf (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7	2		
3	, ,	(loss) as defined in sections 1222(5) a				
	ın Part I, line 8	e 8, column (c) (see instructions) If (3	<u> </u>	
Pai	Qualification Under	r Section 4940(e) for Reduced	l Tax on Net Investmen	t Income	· · · · · · · · · · · · · · · · · · ·	
Was	es,' the foundation does not qual	tion 4942 tax on the distributable amo	nplete this part		Yes	X No
_1	Enter the appropriate amount i	n each column for each year, see the	instructions before making a	any entries	<u></u> .	 _
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s (co	(d) Distribution lumn (b) divided	
	2010	128,785.	26,	544.		4.851756
	2009	61,523.		449.		5.887932
	2008	25,800.	25,	749.		1.001981
	2007	308,352.	111,			2.756515
	2006	37,294.	122,	032.		0.305608
2	Total of line 1, column (d)			2		14.803792
3	Average distribution ratio for th	ne 5-year base period — divide the tota	al on line 2 by 5, or by the			
J	number of years the foundation	has been in existence if less than 5	years	3		2.960758
4	Enter the net value of nonchari	table-use assets for 2011 from Part X	(, line 5	4		1,167.
5	Multiply line 4 by line 3			5		3,455.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		3,455.
8	Enter qualifying distributions fro	om Part XII, line 4		8		64,346.
	If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI, li	ine 1b, and complete that par	t using a 19	6 tax rate See th	e

		36-392				Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –	see instr	uctions	,)		
9	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1			تقاملت	7,1,1	ج در کدنست
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
- 1	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1	<u> </u>			0.
	check here ► X and enter 1% of Part I, line 27b		16 W	7,00	14	ر اوي
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			، دیت ب ^د	, , , ,	ر اصلاً شا
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		1 1 1 1 1	<u> المرات</u>		1
	foundations only Others enter -0-).	2	<u> </u>			0.
3	Add lines 1 and 2	3	<u> </u>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0	·) 4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	<u> </u>		- 1	0.
6	Credits/Payments		1.5 E	r į	31 15 m	F,1
	a 2011 estimated tax pmts and 2010 overpayment credited to 2011		345	مار ریاد ، مار ریاد ،		4 John L
	Exempt foreign organizations – tax withheld at source		1	A 95	- Ç.	, 3
	Tax paid with application for extension of time to file (Form 8868)			, 1285 i	1.5 g . 5 g 2.5 g . 5 g	
	d Backup withholding erroneously withheld 6d		شعت لانتا		سنث	فستخدثك
_	Total credits and payments. Add lines 6a through 6d	7	 			0.
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	 			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
11 Bá:	Enter the amount of line 10 to be Credited to 2012 estimated tax	▶ 11	<u>. </u>			
.r.ai	t VII⊬A │Statements Regarding Activities			9	Vac	T No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt		1a	Yes	No X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1b		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any material or distributed by the foundation in connection with the activities	ls publishe	∍d [5			
	Did the foundation file Form 1120-POL for this year?		L	1 c		Х
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		0 1		ر از السند ا بالموفد المريخ	6. 14 19 15 6.14 19 15
	(1) On the foundation \$\ \\$ 0. (2) On foundation managers \$\ \\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed on	0.		THE T	
	foundation managers \$ 0.	004 011	li li		19	A3 *
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		2	, ; ; ;	ا بر آه موالا بالأود	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	ticles	\$ ***	UE THE	ودوارد المستعدد	1,194, 1/2
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change.	S	L	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a		Х
Ł	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		L	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
	If 'Yes,' attach the statement required by General Instruction T.			(1)***	Pin in	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		/:	100		
	By language in the governing instrument, or		1/2	77	right.	1 1 c
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	at conflict	: - ⁻	استنت	المن المان	
_	with the state law remain in the governing instrument?			6	17	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	_	-	7	X	77-1
88	Enter the states to which the foundation reports or with which it is registered (see instructions) IL		_ }			
t	of 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		-	8Ь	X	See de la
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' com	3) or 4942 plete Part	(()(5)	9) <u> </u>	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses.	eır names		10	į	Х
BAA			Forn	n 99 (0-PF ((2011)

the tax year beginning in 2011?

4h

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

PartVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). 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
Partix As Summary of Direct Charitable Activities	
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	<u> </u>
2	
3	
4	
Rantix B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
<u>N/A</u>	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
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36-3924084

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Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	Foreign foi	undations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	TA STYLE	
a Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	1,185.
c Fair market value of all other assets (see instructions) .	1c	
d Total (add lines 1a, b, and c)	1 d	1,185.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1e 0		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d .	3	1,185.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	18.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,167.
6 Minimum investment return. Enter 5% of line 5	6	58.
Part XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	rating foul	ndations
and certain foreign organizations check here ► and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	58.
2a Tax on investment income for 2011 from Part VI, line 5	7.3	-
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	58.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	58.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	58.
Part XII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	200	
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	. 1a	64,346.
b Program-related investments — total from Part IX-B	1 b	
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	F 12	
a Suitability test (prior IRS approval required)	3a	<u> </u>
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 Part XIII, line 4.	4	64,346.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,346.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	er the founda	ation

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Párt XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from I line 7	Part XI,			Capa de la companya d	58.
2 Undistributed income, if any, as of the end of	2011.	The state of the s	A Party of the Par	[] · · · · · · · · · · · · · · · · · · ·	as strong strong to the strong
a Enter amount for 2010 only		Water 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the state of t	0.	PART OF THE RESERVE TO A SECOND
b Total for prior years. 20, 20, 20, 20		and the second second	U.		-Fh.
3 Excess distributions carryover, if any, to 2011: a From 2006 3	1,192.				唐·西·西·西·
	$\frac{2,232}{3,935}$.			等种的位置的	
	4,513.		· · · · · · · · · · · · · · · · · · ·		
	1,001.				
	7,484.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		·传统对应模式	the same of the sa
f Total of lines 3a through e	- Ot	548,125.		The second secon	
4 Qualifying distributions for 2011 from XII, line 4: ► \$ 64, 3	346.	澳门港中部第一个 企		· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	原于"福州"的第三位
a Applied to 2010, but not more than I				0.	
		Marie Marie Salar	2 3 14 Dr 7 5 2 2 8-8	the state of the	المرتبه المواقعة والمواتع المواتع المو
b Applied to undistributed income of p (Election required — see instructions		Part of the said	0.		- 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Treated as distributions out of corpu	s		マラン・ラング アン・コング	· · · · · · · · · · · · · · · · · · ·	
(Election required - see instructions	•	0.	we will be the state of the sta	State of State of the state of	100
d Applied to 2011 distributable amoun		64,288.	State of the second of the sec	STORY SET A STREET	58.
 e Remaining amount distributed out of 5 Excess distributions carryover applied to 2011 	corpus	04,200.	handle the state of the same o	B. C. Mar.	<u> </u>
(If an amount appears in column (d)		En the later of the	The state of the s	The state of the state of	THE DAY OF THE
same amount must be shown in col	ımn (a))	THE SEE SEE WILL			
6 Enter the net total of each column a	e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA		門門是的屬門鄉
indicated below:	.5	The state of the s			
a Corpus Add lines 3f, 4c, and 4e. Subtract line	5	612,413.	The state of the s	A STATE OF THE STA	
b Prior years' undistributed income. So line 4b from line 2b	ubtract		0.		A CONTRACT OF THE
c Enter the amount of prior years' und ed income for which a notice of define	listribut-				
has been issued, or on which the se	ction		0		The state of the s
4942(a) tax has been previously ass	essea	THE WAY TO BE A THE STREET OF THE	Ų,	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر ما الما الما الما الما الما الما الما
d Subtract line 6c from line 6b Taxable amount — see instructions	е		0.		
e Undistributed income for 2010. Subtract line	la from	La Mary and Softe Light			The second of the second
line 2a Taxable amount — see instructions		は、 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	T
f Undistributed income for 2011 Subt	ract lines		THE STATE OF THE S	The state of the s	
4d and 5 from line 1. This amount m					0.
distributed in 2012 7 Amounts treated as distributions out	of.	286 1 577 37 47 35 1 3 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	A TO TO THE POST OF THE PARTY O		
corpus to satisfy requirements impos	sed			The state of	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions))	0.	Finite Control Control		
8 Excess distributions carryover from 2	2006 not				- 1. T.
applied on line 5 or line 7 (see instru	uctions)	31,192.	医骨髓 學情報主義	The state of the s	الما عالم المنظم الماري المناه المام الم
9 Excess distributions carryover to 20 Subtract lines 7 and 8 from line 6a	012.	581,221.			
10 Analysis of line 9	2 025			July James	
	3,935.	學的學學是			學不能性性質的
	4,513. 1,001.		re transfer of the state of the		
· · · · · · · · · · · · · · · · · · ·	7,484.	国际政策中国的	HATTER STATE OF THE STATE OF TH	建筑是建筑局	
	4,288.	State of the state of	Little Wind Light	清朝、高、 上、江、山	
BAA					Form 990-PF (2011)

Form 990-PF (2011) G.E. EGAN FOUNDA			13/11 A	36-3924084	
Pairt XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or one is effective for 2011, enter the date of the	ruling				1
b Check box to indicate whether the foundate		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
 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					
Partix Supplementary Information assets at any time during the	(Complete this e vear — see in	part only if the structions.)	organization ha	d \$5,000 or more	e in
Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have Gerald E. Egan	jers:		total contributions re section 507(d)(2))	eceived by the found	ation before the
b List any managers of the foundation who co	own 10% or more o	f the stock of a corr	poration (or an equa	illy large portion of t	he ownership of
a partnership or other entity) of which the None	foundation has a 1	0% or greater intere	est		
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only makes complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc,	to preselected char (see instructions) to	ritable organizations o individuals or orga	nizations under othe	
a The name, address, and telephone numbe	r of the person to v	vhom applications s	should be addressed		-
See Statement 5	·			·	
b The form in which applications should be s	submitted and infor	mation and material	Is they should includ	de	
See Statement for Line 2a					
c Any submission deadlines					
See Statement for Line 2a			· 		
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitat	ole fields, kinds of in	stitutions, or other f	actors
See Statement for Line 2a					***

Part XV Supplementary Information (co	ontinued)		
3 Grants and Contributions Paid During the Ye	ear or Approved for Future Pa	ayment	· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	dation us of Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor reci	pient	
Name and address (home or business) a Paid during the year See Statement 6	any toundation manager or substantial contributor	pient contribution	Anount
Total b Approved for future payment		► 3a	59,975.
•		-	
Total		► 3b	<u> </u>

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

Enter gros	s amounts unless otherwise indicated	Unrelat	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 Draw		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
_	ram service revenue			code		
a						
		+		+		
٠,		+				
· e		-				
" <u></u>	and contracts from accomment accompan					<u> </u>
	and contracts from government agencies	<u> </u>				<u> </u>
	bership dues and assessments					
	st on savings and temporary cash investments	523100				
	lends and interest from securities			ii. German		W. M. C. L.
	rental income or (loss) from real estate:				SAME AND SAME SAME SAME SAME SAME SAME SAME SAME	· 从工程实现的事件会数: 在1959年(1952) 70天(
	-financed property					
	debt-financed property			+		
	ental income or (loss) from personal property	-		+		
	r investment income				<u> </u>	
	or (loss) from sales of assets other than inventory			-		
-	ncome or (loss) from special events.	ļ			<u> </u>	
	s profit or (loss) from sales of inventory	PER APPARAMENT	いたのでは、1月間に対しております。 ままま かんじゅう こうかん 子供	32 C.		24. 在26. 用名用名用名用金属工作的
	r revenue					
. a		<u> </u>				
						ļ
						
e			-	TO MA		
	otal Add columns (b), (d), and (e)	1000年	· · · · · · · · · · · · · · · · · · ·	NEW COMP.	*	0.
	I. Add line 12, columns (b), (d), and (e)				13	
	sheet in line 13 instructions to verify calculat				•	
Rart XVI	Relationship of Activities to the	e Accompl	ishment of Exem _l	pt Purp	oses	
Line No.	Explain below how each activity for which is	income is reni	orted in column (e) of	Part XVI	A contributed importan	tly to the
▼	Explain below how each activity for which i accomplishment of the foundation's exemp	t purposes (o	ther than by providing	funds for	such purposes) (See	instructions)
N/A					·····	
· · · · · · · · · · · · · · · · · · ·						
					·i	
			· · · · · · · · · · · · · · · · · · ·		•	
					·-	
		· -				

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Exclipt Organiz	auons							
describe relating a Transfer (1) Cas (2) Other b Other tra (1) Sale (2) Puro (3) Ren (4) Reir (5) Loar (6) Perf c Sharing d If the an	organization directly ed in section 501(c) of to political organizations from the reporting her assets ansactions: es of assets to a nonchases of assets from tal of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities or loan guarantee formance of services or se	or indirectly enor the Code (otherwise) foundation to a scharitable exemment anoncharitable ments or membershipent, mailing lists bove is 'Yes,' chervices given h	ner than section a noncharitable a noncharitable a per organization ble exempt orga assets o or fundraising s, other assets, omplete the follow the reporting	exempt organize exempt organized org	ees Column	n (b) should alw	ays show the fail	ket value in i	Yes No X X X X X X X X X X X X X X X X X X X
any tran	saction or sharing ar	rrangement, sh	ów in column (c	i) the value of the	ne goods	, other assets,	or services receiv	/ed	
(a) Line no.	(b) Amount involved		noncharitable exem		1		fers, transactions, an		gements
N/A				1 3		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	·····		· · · · · · · · · · · · · · · · · · ·						
	·			· · · · · · · · · · · · · · · · · · ·			 -		
							· -·· · · · · · · · · · · · · · · · ·		
					 		· · ·	· · · · ·	
					 				
					 				
					 				
							 		
									
describe	undation directly or i d in section 501(c) o complete the following	of the Code (oth	ted with, or rela er than section	ited to, one or n 501(c)(3)) or in	nore tax-e section	exempt organiza 527?	ations	Yes	XNo
	Name of organization	on	(b) Type	of organization		(c)	Description of re	elationship	
N/A									
									
Under p correct,	enalties of perjury, I declare and complete Declaration	e that I have examine of preparer (other that	ed this return, includ an taxpayer) is base	ing accompanying sc d on all information of 8/8/17		statements, and to to to a state the state of the state o	the best of my knowled dge	May the IF	RS discuss with the shown below
Signa	ture of officer or trustee	0		Date.	Titl	i.e			Yes No
	Print/Type preparer's nam	ne	Prepare 's s	gnature	1/	Date	Check If	PTIN	1
Paid	JAROSLAW J H	ANKEWYCH		VIL Xun		8/03/12	self employed	P01245	319
			Associat	es, Inc.				3848805	
Preparer			Vestern A						
Jse Only			60622				Phone no (77.	3) 772-6	. 131
2 A A		cago, II	. 00022			,\.'	mone no (77.		D-PF (2011)
BAA								FOITH 390	(ZUII)

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

2011

Maine of the organization		Employer Identification number
G.E. EGAN FOUNDATION		36-3924084
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	X 501(c)(3) taxable private foundation	
Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (y the General Rule or a Special Rule 10) organization can check boxes for both the General	Rule and a Special Rule See instructions.
General Rule		
X For an organization filing Form 990, contributor (Complete Parts I and I	, 990-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$, and	ifiling Form 990 or 990-EZ that met the 33-1/3% supported from any one contributor, during the year, a c 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Compl	contribution of the greater of (1) \$5,000 or
total contributions of more than \$1,0	organization filing Form 990 or 990-EZ that received fr 000 for use <i>exclusively</i> for religious, charitable, scientif or animals. Complete Parts I, II, and III.	om any one contributor, during the year, iic, literary, or educational purposes, or
contributions for use exclusively for If this box is checked, enter here the	organization filing Form 990 or 990-EZ that received fr religious, charitable, etc, purposes, but these contribute total contributions that were received during the year e parts unless the General Rule applies to this organize	tions did not total to more than \$1,000. r for an <i>exclusively</i> religious, charitable, etc,
h - h	ns of \$5,000 or more during the year	.alion because it received nonexclusively ▶ ♦
3		ý
990-PF) but it must answer 'No' on Par	vered by the General Rule and/or the Special Rules doe t 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
	meet the filing requirements of Schedule B (Form 990,	
BAA For Paperwork Reduction Act No 990EZ, or 990-PF.	otice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org	anization EGAN FOUNDATION	1	er identification number
			924084
	Contributors (see instructions) Use duplicate copies of Part I if additional s		· · · · · · · · · · · · · · · · · · ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD EGAN 439 GROVE Glencoe, IL 60022	\$51,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

of Part II

Name of organization

G.E. EGAN FOUNDATION

Employer identification number

36-3924084

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part l	(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
		\$\$	

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2011)			Page	1 to	1	of Part III
Name of orga	nization	·- <u> </u>		rage	Employer ident		
	GAN FOUNDATION	 			36-3924		
Partill	Exclusively religious, charitable, e organizations that total more than	tc, individual contributio	ns to section	1 501(c)	(7), (8), or (10)	nto.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of exclusively religious, cl (Enter this information once S	• •		• \$	<u> </u>	N/Z
(a)	(b)	(c)			(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relatio	nship of	transferor to t	ransfer	ee
(a)	(b)	(c)	<u> </u>		(4)		
No. from Part I	Purpose of gift	Use of gift			(d) Description of how gift is held		
	Transferee's name, addres:	Relationship of transferor to transferee				ee	
		<u>,</u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift		Desci	(d)	aift is i	held
Part I	, , ,						
		(e)					
	Transferee's name, address	Relation	nship of t	ransferor to tr	ransfere	ee	
		,			-		
					-·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) iption of how	gift is l	neld
•							
							
							

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

2011	Federal Statements	Page 1
Client 1	G.E. EGAN FOUNDATION	36-3924084
8/03/12 Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		09 51 AN
Accounting	\$ 900.	(c) (d) Adjusted Charitable Purposes \$ 900. \$ 0. \$ 900.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Illinois Charity Bureu State of Illinois	(a) (b) Net Expenses Investment per Books Income \$ 15.	(c) (d) Adjusted Charitable Net Income Purposes 3 0. \$ 0.
Statement 3 Form 990-PF, Part III, Line 3 Other Increases Unrealized Gain on Investment	3	Total \$ 14,437. 14,437.
Statement 4 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, Name and Address	Title and Average Hours Compen- Per Week Devoted sation	EBP & DC Other
Gerald E. Egan 439 GROVE GLENCOE, IL 60022	PRES/TREAS \$ 0	0. \$ 0. \$ 0.
KATHLEEN T. EGAN 439 GROVE GLENCOE, IL 60022	SECRETARY 0	0. 0. 0.
DAVID J. EGAN 2843 N. Wolcott Chicago, IL 60657	DIRECTOR 50	00. 0. 0.

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201.1	Federal Sta	atemen	ts					Page 2
Client 1	G.E. EGAN FO	UNDATIO	N					36-3924084
8/03/12 Statement 4 (continued) Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustee	es, and Key Employee	es						09 51 AM
Name and Address	Title Average Per Week	Hours		Compen- sation	Contr bution EBP &	to	A	xpense ccount/ Other
Kathryn E Infantino 1237 N. Honore St Chicago, IL 60622	Director 0		\$	500.	\$	0.	\$	0.
Lauren R. Egan 2020 Lincoln Park West 14E Chicago, IL 60614	Director 0			500.		0.		0.
		Total	\$	1,500.	\$	0.	\$	0.
Telephone: Form and Content: Submission Deadlines:	Glencoe, IL 60022 Letter of request the grant request None None	, statin	ıg :	smount req	uested (and	purj	pose of
Statement 6 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year								
Name and Address	Donee Relationship	Foun ation Stat	n		ose of		A	mount
The 100 Club of Chicago 135 S. LaSalle St #1162 Chicago, IL 60603				FOR CHAR PURPOSES		— - \$	3	200.
Hoover Institute 21 DuPont Circle NW #300 Washington, DC 20036				For Char Purposes				50,000.
Marine Corp Law Enforcement Foundation 909 N. Washington St. #400 Alexandria, VA 22314				For Char Purposes				2,000.

0011	Fada al Clat			D 2
201,1	Federal Stat	ements		Page 3
Client 1	G.E. EGAN FOUI	NDATION		36-3924084
8/03/12				09 51 AM
Statement 6 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Heritage Foundation 214 Massachusetts Ave. NE Washington, DC 20002			For charitable purposes	\$ 1,100.
Northwestern University 633 Clark St. Evanston,, IL 60208			For charitable purpose	2,000.
North Shore University 2650 Ridge St Evanston, IL 60201			For Charitable Purposes	2,000.
Boys & Girls Town 200 Flanagan Blvd Boystown, NE 68010			For charitable purposes	500.
Sacred Heart Church 1077 Tower Rd Winnetka, IL 60092			For charitable purposes	1,000.
Thanc Foundation 10 Union Square East #5B New York, NY 10003			For charitable purposes	1,000.
Sierra Chicago Foundation 220 Sansome St #1100 San Francisco, CA 94104			For charitable purposes	150.
Salvation Army 5040 N. Pulaski Rd. Chicago, IL 60630			For charitable purposes	25.
			Tota	1 \$ 59,975.

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	e Service	► File a se	parate appl	ication for each return.	!		
• If you ar	e filing for an	Automatic 3-Month Extension, cor	nplete only	Part I and check this box .	*		► X
• If you are	e filing for an A	Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	ıs fori	n)	_
Do not com	plete Part II un	less you have already been grante	ed an auton	natic 3-month extension on a previously	filed F	orm 886	3
corporation i request an e Associated V	required to file extension of tin With Certain Pe	Form 990-T), or an additional (not not to file any of the forms listed in	t automatic Part I or P ust be sent	d a 3-month automatic extension of time) 3-month extension of time. You can eleart II with the exception of Form 8870, Ir to the IRS in paper format (see instruct of Charities & Nonprofits.	ectron nforma	ically file ation Reti	Form 8868 to urn for Transfers
		<u> </u>		nit original (no copies needed).			
				-month extension — check this box and	comp	lete Part	l only
-	porations (incl	, •		and trusts must use Form 7004 to reques	t an e	xtension	of time to file
	Name of exempt	organization or other filer, see instructions		Enter filer's identi			see instructions ation number (EIN) or
Type or	Traine of exempt	organization of other mer, see instructions			Emple	oyer identific	ation number (EIN) or
print		N FOUNDATION			X.	36-392	4084
File by the due date for		nd room or suite number. If a P.O. box, see in	structions		-	Social secur	ty number (SSN)
filing your return See	439 GROV						
instructions	City, town or post	office, state, and ZIP code For a foreign add	ress, see instru	ections			
	GLENCOE,	IL 60022					
Enter the Re	turn code for t	he return that this application is fo	r (file a sep	parate application for each return)			04
Application Is For			Return Code	Application Is For			Return Code
Form 990			01	Form 990-T (corporation)			07
Form 990-BL			02	Form 1041-A			08
Form 990-EZ	<u> </u>		01	Form 4720			09
Form 990-PF	-		04	Form 5227			10
Form 990-T ((section 401(a)	or 408(a) trust)	05	Form 6069			11
Form 990-T ((trust other tha	n above)	06	Form 8870			12
Telephone If the org If this is the extent I requesions If the extent The ext	e No 847- janization does for a Group Re s box nsion is for st an automati 8/15 tension is for the	not have an office or place of bus turn, enter the organization's four If it is for part of the group, compared to the group, compared to the group.	digit Group heck this bo tion require anization re	e United States, check this box Exemption Number (GEN) . If ox and attach a list with the nare and to file Form 990-T) extension of time eturn for the organization named above			
Cha	ange in accoun				al retu	irn	
nonrefu	indable credits	or Form 990-BL, 990-PF, 990-T, 47. See instructions	·		3a	\$	0.
paymer	nts made Inclu	ide any prior year overpayment all	owed as a		3b	\$	0.
c Balance EFTPS	e due. Subtrac (Electronic Fe	t line 3b from line 3a Include your deral Tax Payment System) See i	payment w nstructions	vith this form, if required, by using	3с	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X

OMB No 1545-1709

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

request an e	required to file Form 990-1), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which miling of this form, visit www.irs.gov/efile and click	Part I or P oust be sent	art II with the exception of Form 8870, In	nformation Return fo	or Transfers
Part I A	utomatic 3-Month Extension of Time. (Only subn	nit original (no copies needed).		
A corporatio	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	complete Part I onl	y ►
All other cor income tax i	rporations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to reques	t an extension of til	me to file
			Enter filer's identi	fying number, see	
	Name of exempt organization or other filer, see instructions			Employer identification	number (EIN) or
Type or print					
•	G.E. EGAN FOUNDATION			X 36-392408	
File by the due date for	Number, street, and room or suite number. If a P O box, see in	nstructions		Social security nur	nber (SSN)
filing your return See	439 GROVE			<u> </u>	
instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions		
	GLENCOE, IL 60022				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-E2	7	01	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephoni If the org If this is check this the external	nsion is for	digit Group heck this b	e United States, check this box Exemption Number (GEN) If and attach a list with the nar		
until The ex X X 2 If the ta	est an automatic 3-month (6 months for a corpora 8/15 , 20 12 , to file the exempt orgotension is for the organization's return for calendar year 20 11 or tax year beginning , 20	anization re	eturn for the organization named above	al return	
nonrefu	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions			3a \$	0.
b If this a paymer	application is for Form 990-PF, 990-T, 4720, or 60 nts made Include any prior year overpayment all	069, enter a lowed as a	iny refundable credits and estimated tax credit	3ь\$	0.
c Balanc EFTPS	e due. Subtract line 3b from line 3a Include your (Electronic Federal Tax Payment System) See	payment v instructions	vith this form, if required, by using	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions