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Form **990-PF**

SCANNED NOV 2 7 2012

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Form **990-PF** (2011)

Department of the Treasury Internal Revenue Service

Ford	alen	dar year 2011 or tax year beginning		, and ending		
Nan	ne of	foundation	A Employer identification	number		
		ADEL FOUNDATION		1-	36-4482467	
		nd street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number	4260	
		S. DEARBORN STREET			(312) 264-	
		own, state, and ZIP code CAGO, IL 60603			C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	check here
u	IIECK	Final return	Amended return	officer public charity	1. Totalgit organizations	, check here
		Address change	Name change		Foreign organizations me 2. check here and attach co	eting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex	<u></u>		E If private foundation stat	
	-	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ation	under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Account		Accrual	F If the foundation is in a 6	• •
(fr	om F		ther (specify)		under section 507(b)(1)	
•		67,936. (Part I, colu	mn (d) must be on cash i	basis)		
Pã	řt J	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a),	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	525,000.		N/A	
	2	Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	16.	16.		STATEMENT 1
	4	Dividends and interest from securities	7.	7.		STATEMENT 2
		Gross reals	averagement a way the that	See The Part of the Part of the Tennes Tennes Tennes Tennes	microcama), decembrica Tir v pan antoni pra	
e		Net rental income of light		The same of the sa		
	62	Net gain or (toss) from sale of assets not on line 10 Gross sales price for all assets on line to				Section of the contract of the
Revenue	0 7	assets on line the income (from Part IV) line 2 12		0.		
æ	8	Net short-term capital gain			nikerikanganganga ning ning ningkangangangangan	
	9	Income modification DEN 11T	The control of the co	The second secon		
	_	Gross sales less returns UEIV, UI		to you assess the second of th		
		Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	525,023.	23.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits i enal fees STMT 3	2,710.	0.		2,710.
enses			24,000.	0.		24,000.
Expe		Accounting fees STMT 4 Other professional fees	21,0001			22,0000
Э		Interest				
aţi.	18	Taxes				
ist	19	Depreciation and depletion				
턀	20	Occupancy				
Ρ	21	Travel, conferences, and meetings				
and	22	Printing and publications				
bu	23	Other expenses STMT 5	120.	0.		120.
Operating and Administrative	24	Total operating and administrative	26 020	_		26 020
Ope	~-	expenses. Add lines 13 through 23	26,830. 472,096.	0.	44.65-44-44-44-44-44-44-44-44-44-44-44-44-44	26,830. 472,096.
		Contributions, gifts, grants paid	4/2,030.	SECTION OF	min tak dinamikan mending	4/2,090.
	26	Total expenses and disbursements. Add lines 24 and 25	498,926.	0.		498,926.
	27	Subtract line 26 from line 12:	###GZ##			
		Excess of revenue over expenses and disbursements	26,097.			
		Net investment income (if negative, enter -0-)		23.		
		Adjusted net income (if negative, enter -0-)	to antimizer as "a tagin	NEW AND WHEN THE PARTIES.	N/A	rendanie di

Page 2

P	airt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Deginning of year		n year
느			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
	2`	Savings and temporary cash investments	19,185.	41,282.	41,282.
	3	Accounts receivable	SHELL STATE		
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶		20 9 mg/2, 20 5 1 " +	A THE STATE OF THE
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		Pitting (Actor	
		Less: allowance for doubtful accounts	no on with our describer of in their more desired on	monitored in militare essentiation in the second	district francoised interior and francis of determined in
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations			
		Investments - corporate stock			·
		Investments - corporate bonds			
	١		and the contract of the contra	Township with the book of the	THE REPORT OF THE PARTY OF THE PARTY.
	111	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other	and the second s	Talling in the Propulation Section 1981	COSSES II ASSESSMENT FOR LIVE SIZ
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation	06.654	06.654	06.654
	15	Other assets (describe STATEMENT 6)	26,654.	26,654.	26,654.
			45.000		
_	16	Total assets (to be completed by all filers)	45,839.	67,936.	67,936.
	17	Accounts payable and accrued expenses			
	18	Grants payable			The second section of the second seco
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ij	22	Other habilities (describe)			
	1				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·		
]	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			Control of the contro
alances	1	Temporarily restricted			
3ag	1	Permanently restricted			
Net Assets or Fund Ba	20	Foundations that do not follow SFAS 117, check here			
ᆵ		and complete lines 27 through 31.			
5			45,839.	67,936.	
sts	27	Capital stock, trust principal, or current funds	43,639.	07,930.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž,	29	Retained earnings, accumulated income, endowment, or other funds		67 026	
ž	30	Total net assets or fund balances	45,839.	67,936.	
			45 020	67 026	
_	31	Total liabilities and net assets/fund balances	45,839.	67,936.	alling medical actions
P	art,	III. Analysis of Changes in Net Assets or Fund B	Balances		
\equiv					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		45 000
	•	at agree with end-of-year figure reported on prior year's return)		1	45,839.
		amount from Part I, line 27a		2	26,097.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	71,936.
5	Decr	eases not included in line 2 (itemize) PRIOR YEAR O/S	CHECKS	5	4,000.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	67,936.
					Form 990-PF (2011)

Form 990-PF (2011) CITADEL FOUNDATION

2-story brick warehouse; or common stock, 200 shs. MLC Co.)				ľΡ	How ac - Purc - Dona	cquired hase ation	(c) Da (mo.	te acquired , day, yr.)	(d) Date sold (mo., day, yr.)	
la					<u> </u>					
b NOI	NE									
<u>C</u>		·								
<u> </u>					L_					
е			1		Ц,				- :-	<u> </u>
(e) Gross sales price	(f) U	epreciation allowed (or allowable)		t or other basis xpense of sale					Gain or (loss lus (f) minus	
a b					-					
			 							
1		··· ·	 							
			 		一					
Complete only for assets showin	a dain in c	olumn (h) and owned by	the foundation	on 12/31/69		-		(I) Gains	(Col. (h) gain	minus
Complete only for account and) Adjusted basis	·	cess of col. (I)				ol. (k), bu	ıt not less tha	n -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Loss	es (from col. ((h))
 1										
)			 		\dashv				_	
<u></u>			 		\dashv					
1		· · · · · · · · · · · · · · · · · · ·		·			<u> </u>			
;										
<u> </u>		∫ If gain, also ente	r in Part Llina		$\overline{}$					· · · · · · · · · · · · · · · · · · ·
Capital gain net income or (net ca	ortal loss)	If (loss), enter -(١	2				
, ,	•	•			ا '					
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	•	, ,	nu (b).		٦l					
If (loss), enter -0- in Part I, line 8	column (c,	•			P	3				
Part V Qualification U	nder Se	ection 4940(e) for	r Reduced	Tax on Net	Inv	estn	nent In	come	:	
as the foundation liable for the sect Yes," the foundation does not qual	ıfy under s	ection 4940(e). Do not c	omplete this pa	rt.						Yes X N
Enter the appropriate amount in e	each colum	in for each year, see insti	ructions before	making any entri	es.					-/-
(a) Base period years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) ncha	rıtable-			Distrit (col. (b) div	(d) oution ratio vided by col. (c))
2010			8,163.				3,57			3.13061
2009			37,217.				2,41			23.27793
2008			3,209.				2,31			23.70643
2007		1,83	88,760.				1,97			11.35240
2006		5.3	37,993.			11	5,37	3.		4.66307
Total of line 1, column (d)								2		66.13046
Average distribution ratio for the 5	5-year base	e period - divide the total	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in exister	-		,	·				. 3		13.22609
Enter the net value of noncharitab	le-use ass	ets for 2011 from Part X,	line 5					. 4		68,479
Multiply line 4 by line 3								5		905,710
Multiply line 4 by line 3								ا ا		303,710
Enter 1% of net investment incom	ne (1% of F	Part I, line 27b)		•	-			6	 	(
Add lines 5 and 6								7	-	905,710
Enter qualifying distributions from	n Part XII, I	ine 4			_			8		498,926
If line 8 is equal to or greater than See the Part VI instructions.	line 7, che	eck the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1	% tax	rate.			

_	m 990-PF (2011) CITADEL FOUNDATION	36-	4482	467		Page 4		
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstrı	uctio	ns)		
18	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	~~.	£ 33.	(C.22)	~ (5.	-27		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)							
l	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1				0.		
	of Part I, line 27b	1,37	12.50	3 (45)	72 25 Z			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				Ö.		
3	Add lines 1 and 2	3				0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.		
6	Credits/Payments:	ن سۇرۇپۇ .		4335	436			
ā	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a				ري ان دري دري دري ان دري دري دري دري			
	b Exempt foreign organizations - tax withheld at source 6b					ا المعلق خد		
C	c Tax paid with application for extension of time to file (Form 8868)							
C	d Backup withholding erroneously withheld 6d							
7	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						
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ►	11						
	art,VII-A: Statements Regarding Activities							
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		45°Z	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		Х		
	If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials published	ed or		4	135-E)	1		
	distributed by the foundation in connection with the activities							
	Did the foundation file Form 1120-POL for this year?			1c		X		
d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					\$200 A		
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	•				1		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation							
_	managers. ► \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	41 64-54	X		
_	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r			##3°	4.57		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-		3		X		
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/ =	4a		Х		
	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		37		
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	danterio	X		
c	If "Yes," attach the statement required by General Instruction T.							
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or By state language that effectively among the converges instrument on that are desired and the converges instrument.							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?	law						
7	remain in the governing instrument?			6	X	<u> </u>		
′	Did the foundation have at least \$5,000 in assets at any time during the year?			7	A.	دامي ريونه		
۵~	If "Yes," complete Part II, col. (c), and Part XV I Enter the states to which the foundation reports or with which it is registered (see instructions)							
od	IL							
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)							
U	of each state as required by General Instruction G? If "No," attach explanation			0L	X	. 22000		
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	nda-		8b septem	A Ligadei	;smale		
3	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	IIUdl		. Antiber	(a) (0, 2.)	X		
10		тмт	7	9 10	Х	- 23		
	The street is a schedule listing their names and addresses	***	,	10	47	1		

orm	990-PF (2011) CITADEL FOUNDATION	36-4482	467		Page 5
Pa	irt VII-A: Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	l	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			
	If "Yes," attach statement (see instructions)		12	1	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of ► MIN SOK LEE Telephone no	. ▶ (312)	264	-42	60
	Located at ▶131 S. DEARBORN STREET, CHICAGO, IL	ZIP+4 ▶60	603		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			>	-
	and enter the amount of tax-exempt interest received or accrued during the year	► [15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign		17.75		
	country >		多		
Pa	rt VII-B, Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes 🗓 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				25
		Yes 🗓 No		100 m	
		Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	Yes 🗓 No		7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after			12	
	termination of government service, if terminating within 90 days.)	Yes 🗓 No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ightharpoons			Carrier Carrier Carrier
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1		
	before the first day of the tax year beginning in 2011?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1			
	defined in section 4942(j)(3) or 4942(j)(5)):		12.00		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ing			
	before 2011?	Yes 🗓 No			
	If "Yes," list the years ▶ , , , ,				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ct			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack	:h			
	statement - see instructions.)	N/Ą	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		112		
	, ,, ,, ,, ,, ,,				
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	Yes 🗶 No			
t	olf "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons a	ıfter	7		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that		200	
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b		X

		1 .		
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				l
	<u> </u>			
				Į.
	<u> </u>			
_		.l		
Total number of other employees paid over \$50,000			▶	(

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	 ,
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(C) Compensation
NONE	{	
Total number of others receiving over \$50,000 for professional services		. ▶ 0
Part IX:A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	Expenses
1 N/A		
2		
3		
4	· - · · · · · · · · · · · · · · · · · ·	
(PartiV+P1C		
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lin	on 1 and 0	A
	es i aliu z.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
Ь	Average of monthly cash balances	1b	69,522.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	69,522.
е	Reduction claimed for blockage or other factors reported on lines 1a and	i de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania del compania	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	69,522.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,043.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,479.
6	Minimum investment return. Enter 5% of line 5	6	3,424.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	3,424.
2a	Tax on investment income for 2011 from Part VI, line 5	700 E	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,424.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,424.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,424.
P	art-XII: Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		·
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	498,926.
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, etc., purposes	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 Part XIII, line 4	4	498,926.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	498,926.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a)	(b)	(c)	(d)
•		Corpus	Years prior to 2010	2010	2011
1 Distributable amount for	2011 from Part XI,				
line 7					3,424.
2 Undistributed income, if any,					
a Enter amount for 2010 o	only		Samuel Control	0.	
b Total for prior years:			0.		
3 Excess distributions carr	ryover, if any, to 2011:		THE HEAVY THE SERVICE COLUMN		5",2" - " " " " "
a From 2006	524,336.				
b From 2007	1,830,819.				
c From 2008	1,001,115.				
dFrom 2009	985,100.				
e From 2010	411,485.				
f Total of lines 3a through	ı e	4,752,855.			
4 Qualifying distributions f	or 2011 from		istate de la constante de la c		的复数统 计延迟
Part XII, line 4: ►\$	498,926.				
a Applied to 2010, but not	more than line 2a			<u> </u>	5岁强强的人
b Applied to undistributed	income of prior				
years (Election required	•	ETER RESERVE	0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions	•				THE STATE OF THE
(Election required - see i	•	0.			
d Applied to 2011 distribut	table amount	Edition Property		The state of the s	3,424.
e Remaining amount distri	buted out of corpus	495,502.			विक्रेप्रस्था के विकास विकास
5 Excess distributions carryove (If an amount appears in colu	er applied to 2011	0.		大学との大学の記録を記録	0.
must be shown in column (a)					
6 Enter the net total of ea	ch column as				
indicated below:		F 240 257			
a Corpus Add lines 3f, 4c, and		5,248,357.		The state of the s	The second secon
b Prior years' undistributer	a income. Subtract		0.		
line 4b from line 2b		The state of the s	0.		Charles and Comments and
c Enter the amount of prior undistributed income for					
deficiency has been issu-	ed, or on which				
the section 4942(a) tax hassessed	nas been previously		0.		
d Subtract line 6c from line	e 6h Tavahle	Canada a apparamenta.	0.		ASTERONAL CONTRACTOR
amount - see instruction			0.		
e Undistributed income for		Santana and Princip	The Marie of The Party of the	2. % 'D. 2. 1. 1. 1. 22 E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
4a from line 2a. Taxable				0.	Signature of the state of the state of
f Undistributed income for				and the same of th	The state of the s
lines 4d and 5 from line					
be distributed in 2012					0.
7 Amounts treated as distr	ibutions out of			and the property of the second second	
corpus to satisfy require	ments imposed by				
section 170(b)(1)(F) or 4	1942(g)(3)	0.			经 等于"银铜"
8 Excess distributions carr	yover from 2006			The state of the s	
not applied on line 5 or li	ine 7	524,336.			等所被令马蹄門
9 Excess distributions car					
Subtract lines 7 and 8 fro	om line 6a	4,724,021.			
10 Analysis of line 9:	4 000 515				
a Excess from 2007	1,830,819.				
b Excess from 2008	1,001,115.				
c Excess from 2009	985,100.		ا الله الله المستقبل المسائلة في العامل المستهداء المسائلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة ا المارات المستقبلة ال		
d Excess from 2010	411,485.				
e Excess from 2011	495,502.		一种智能的优加。中的国	- Salanda T. Salan M.	<u> </u>
122581					Form 990-PF (2011)

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future If recipient is an individual,	Payment		
Recipient Name and address (home or business)	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		
,				
ALL STARS HELPING KIDS	N/A	501(C)(3)	UNRESTRICTED	
970 MAIN STREET REDWOOD CITY, CA 94063			1	25,000
ANTI-DEFAMATION LEAGUE	N/A	501(C)(3)	UNRESTRICTED	
309 W. WASHINGTON STREET SUITE #750 CHICAGO, IL 60606				5,000
				3,000
BETWEEN FRIENDS PO BOX 608548	N/A	501(C)(3)	UNRESTRICTED	
CHICAGO, IL 60660				2,500
				·
CHICAGO CARES 2 N. RIVERSIDE PLAZA, SUITE 2200	N/A	501(C)(3)	UNRESTRICTED	
CHICAGO, IL 60606				3,533
CHICAGO PUBLIC LIBRARY FOUNDATION 20 N. MICHIGAN SUITE 520	N/A	501(C)(3)	UNRESTRICTED	
CHICAGO, IL 60602				75,000
Total SEE CO	NTINUATION SHEE	ET(S)	▶ 3a	472,095
b Approved for future payment				
NONE				
NONE				
Total		1	▶ 3b	0

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 CHICAGO SYMPHONY ORCHESTRA 501(C)(3) UNRESTRICTED N/A 220 S. MICHIGAN 85,000. CHICAGO, IL 60604 CRISTO REY JESUIT HIGH SCHOOL N/A 501(C)(3) UNRESTRICTED 1852 W. 22ND STREET 2,500. CHICAGO, IL 60608 UNRESTRICTED FRANCIS W PARKER SCHOOL N/A 501(C)(3) 330 WEST WEBSTER AVENUE 60,000. CHICAGO, IL 60614 GREATER CHICAGO FOOD DEPOSITORY N/A 501(C)(3) UNRESTRICTED 4100 WEST ANN LURIE PLACE 850. CHICAGO, IL 60632 ILLINOIS HOLOCAUST MUSEUM & EDUCATION N/A 501(C)(3) UNRESTRICTED CENTER 9603 WOODS DRIVE 25,000. SKOKIE, IL 60077 JEWISH ENRICHMENT CENTER N/A 501(C)(3) INRESTRICTED 38TH WEST 13TH STREET 25,000. NEW YORK, NY 10011 501(C)(3) UNRESTRICTED JOFFREY BALLET N/A 10 EAST RANDOLPH STREET 1,000. CHICAGO, IL 60601 501(C)(3) UNRESTRICTED LATIN SCHOOL OF CHICAGO N/A 59 WEST NORTH BOULEVARD CHICAGO, IL 60610 50,000. UNRESTRICTED LONG ISLAND CHILDREN'S MUSEUM N/A 501(C)(3) 11 DAVIS AVENUE 100. GARDEN CITY, NY 11530 LYCEE FRANCAIS DE CHICAGO N/A 501(C)(3) UNRESTRICTED 613 WEST BITTERSWEET PLACE CHICAGO, IL 60613 7,638. 361,062. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of recipient any foundation manager contribution Name and address (home or business) or substantial contributor MESIVTA YESHIVA RABBI CHAIM BERLIN N/A 501(C)(3) UNRESTRICTED 1605 CONEY ISLAND AVENUE BROOKLYN, NY 11230 2,500. MUSEUM OF SCIENCE AND INDUSTRY N/A 501(C)(3) UNRESTRICTED 5700 S. LAKE SHORE DRIVE CHICAGO, IL 60637 15,000. NATURAL HIGH N/A 501(C)(3) UNRESTRICTED 9404 GENESEE AVE SUITE 210 LA JOLLA, CA 92037 1,000. NEW YORK CARES N/A 501(C)(3) UNRESTRICTED 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001 5,099. SPECIAL OLYMPICS ILLINOIS N/A 501(C)(3) UNRESTRICTED 605 E. WILLOW STREET NORMAL, IL 61761 2,500. THE COUNCIL FOR ECONOMIC EDUCATION N/A 501(C)(3) UNRESTRICTED 640 WEST PUTNAM AVENUE GREENWICH, CT 06830 1,500. THE UNIVERSITY OF CHICAGO LABORATORY N/A 501(C)(3) UNRESTRICTED SCHOOLS 1427 EAST 60TH STREET CHICAGO, IL 60637 61,375. WORKING IN SCHOOLS N/A 501(C)(3) UNRESTRICTED 27 EAST MONROE SUITE 1400 CHICAGO, IL 60603 5,000. WTTW11 AND 98.7 WFMT N/A 501(C)(3) UNRESTRICTED 5400 N. ST LOUIS AVENUE CHICAGO, IL 60625 10,000. Total from continuation sheets

Page 12

ARE COURS ADDROUGS DODRESS COMPINAISE BUILDINAISED	Unrelated	d business income	Exch	ded by section 512, 513, or 514	(e)
nter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a	_	<u>.</u>			
b					
c	_				
d	_				
e	_ [
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	16.	
Dividends and interest from securities			14	7.	
Net rental income or (loss) from real estate:			- 	Applettication	75.5% 3.6x - c23
a Debt-financed property	743777 32422	THE RESIDENCE OF THE PROPERTY OF	******	3 5 46 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10072 2
b Not debt-financed property	·		- 		
Net rental income or (loss) from personal			+		
property					
Other investment income			+		
- · ·			+		
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events		 	- 		
Gross profit or (loss) from sales of inventory	.		4		
Other revenue:					
a	_		ļ		
b	_				
c	_				·
d				1	
d				<u> </u>	
e Subtotal. Add columns (b), (d), and (e)		0	• 335	23.	(
		0	• 335.	23.	2:
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)			• 2000	<u> </u>	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)	to the Acco	· · · · · · · · · · · · · · · · · · ·		. 13	
ee worksheet in line 13 instructions to verify calculations.) Part XVI.B. Relationship of Activities		mplishment of E	xemp	13	2:
ee worksheet in line 13 instructions to verify calculations.) Part XVI:B: Relationship of Activities ine No. Explain below how each activity for which inc	come is reported in	emplishment of E	xemp	13	2:
ee worksheet in line 13 instructions to verify calculations.) Part: XVI_3B_3 Relationship of Activities ine No. Explain below how each activity for which income the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2:
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_3 Relationship of Activities ine No. Explain below how each activity for which incompare the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_3 Relationship of Activities ine No. Explain below how each activity for which incompare the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
ee worksheet in line 13 instructions to verify calculations.) Part XVI3B3 Relationship of Activities ine No. Explain below how each activity for which income the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_3 Relationship of Activities ine No. Explain below how each activity for which incompare the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_3 Relationship of Activities ine No. Explain below how each activity for which incompare the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_2 Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_2 Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_2 Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_BB_S Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_3B_2 Relationship of Activities ine No. Explain below how each activity for which inc the foundation's exempt purposes (other tha	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_BB_S Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_5B_3 Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_BB_S Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_5B_3 Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI_BB_S Relationship of Activities ine No.	come is reported in	emplishment of E	xemp	13	2
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations.) Part XVI: B: Relationship of Activities Line No. Explain below how each activity for which income	come is reported in	emplishment of E	xemp	13	2

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

		Excilipt Organ	124.5					
1	Did the o	organization directly or indi	rectly engage in any i	of the followin	g with any other organization	on described in sect	ion 501(c) of	Yes No
	the Code	e (other than section 501(c))(3) organizations) oi	r in section 52	7, relating to political organ	uzations?		
а	Transfer	s from the reporting founda	ation to a noncharital	ole exempt or	ganization of:			
	(1) Casi	h	_					1a(1) X
	(2) Othe	er assets						1a(2) X
ь		insactions:				••	• •	
		s of assets to a noncharital	ble exempt organizat	ion				1b(1) X
		chases of assets from a no						1b(2) X
		tal of facilities, equipment,				•	•	1b(3) X
	• •	nbursement arrangements	· ·				•	1b(4) X
	` '	ns or loan guarantees						1b(5) X
		formance of services or me	mhershin or fundrais	sing solicitatio	ns	-		1b(6) X
		of facilities, equipment, ma	•	•				1c X
	-				dule. Column (b) should alv	wavs show the fair i	narket value of the o	· · ·
u					ed less than fair market valu			
		(d) the value of the goods,			cu 1033 man lan market vale	ic in any danisaction	r or sharing arranger	nong snow m
(a)	ine no	(b) Amount involved			exempt organization	(d) Description	of transfers, transaction	ns, and sharing arrangements
14/2	-	(0)//2//04//	(0) 110.110 01	N/A	- compression	(a) boompas		
				11/12				
								
	_	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	-					 		
				 .			 	
				-				
				 				
		·····					 	
				·				
2a	Is the fo	undation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described		
	ın sectio	n 501(c) of the Code (other	r than section 501(c)	(3)) or in sect	ion 527?	_	_	X Yes No
b		complete the following sch						
	i.	(a) Name of org			(b) Type of organization	1	(c) Description of re	lationship
					N/A		-	
					N/A		· · · · · · · · · · · · · · · · · · ·	·
			 -				•	
_			·		-	····		
_					I ng accompanying schedules and			EVANDATION STATES
Sig	and and	belief, it is true, correct; and cor	nplete Declaration of pro	eparer (other tha	n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS discuss this return with the preparer
He		Muller			111/5/12	C	640	shown below (see instr)? X Yes No
		gnature of officer or trustee			Date	Title	- tury	- L21 162 - 140
		Print/Type preparer's na		Preparer's s		Date	Check if]	PTIN
		Time Type prepares sin	11110	Topal Grass	1111	11/	self- employed	
Pa	i.d	EDWARD A	СЕВСИМАМ	5///	114/	1/2/12	Jon Uniployed	P00535053
		EDWARD A.				_ ', _		6-0732690
	eparer		OITTE TAX	. ппъ			FIRM'S EIN > 3	0-0/34090
US	se Only		1 COTTOUT TO	A CIVID	DDTIE		+	
		Firm's address ► 11						212\ 406 1000
		I CH	IICAGO, IL	60606			Phone no. (312) 486-1000
								Form 990-PF (2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

	CITADEL FOUNDATION	36-4482467					
Organization type (check	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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one					
Special Rules							
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributes of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or eduction for animals. Complete Parts I, II, and III.						
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because rible, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000. Ely religious, chantable, etc.,					
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part let the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization Employer identification number CITADEL FOUNDATION 36-4482467

(b) Name, address, and ZIP + 4 KENNETH C. GRIFFIN 131 S. DEARBORN STREET	(c) Total contributions	(d) Type of contribution
CHICAGO, IL 60603	\$ 498,346.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(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.)
(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.)
(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.)
(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.)
(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.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 (c) Total contributions \$

• • •

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
NORTHERN TRUST							16.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				16.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FRO	M SECU	RITIES	STATEMENT	2
SOURCE		GROSS	LUOMA		ITAL GAINS IVIDENDS	COLUMN (A	۲)
NORTHERN TRUST			7	7.	0.		7.
TOTAL TO FM 990-PF, PART I,	LN 4		,	7	0.		7.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET IN	3) IVEST- INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES		2,710.		0.		2,7	10.
TO FM 990-PF, PG 1, LN 16A		2,710.		0.		2,7	10.
FORM 990-PF	AC	COUNTI	NG FEES	3		STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(I NET IN MENT I		(C) ADJUSTEI NET INCOM		
TAX PREPARATION	2	4,000.		0.		24,0	00.
TO FORM 990-PF, PG 1, LN 16B	3 2	4,000.		0.	-	24,0	00.

FORM 990-PF	ОТ	HER E	XPENSES			ST	ATEMENT	5
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVEST- S MENT INCOME					
FILING FEES	-	120. 0.			_ .	12	20.	
TO FORM 990-PF, PG 1, LN 23		120.	120. 0.				120	
FORM 990-PF	0	OTHER ASSETS				STATEMENT 6		
DESCRIPTION			NING OF K VALUE		OF YEAR OK VALUE	FA	IR MARKET	Ċ
DUE FROM CITADEL INVESTMENT G	ROUP	26,654.		26,654.		26,654.		
TO FORM 990-PF, PART II, LINE 15		26,654.		26,654.		26,654.		
			L CONTRIE	BUTORS	3	ST	ATEMENT	7
NAME OF CONTRIBUTOR		ADDR	ESS					
KENNETH C. GRIFFIN		131 SOUTH DEARBORN STREET CHICAGO, IL 60603						

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	IST OF OFFICERS, DAND FOUNDATION MANAGE		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KENNETH C. GRIFFIN 131 S. DEARBORN ST, CHICAGO, IL 60603	PRESIDENT & DII	RECTOR*	0.	0.
GERALD BEESON 131 S. DEARBORN ST, CHICAGO, IL 60603	DIRECTOR* 0.00	0.	0.	0.
CATHERINE STICKROD 131 S. DEARBORN ST, CHICAGO, IL 60603	TREASURER & DII	RECTOR*	0.	0.
MIN SOK LEE 131 S. DEARBORN ST, CHICAGO, IL 60603	SECRETARY & DII	RECTOR 0.	0.	0.
ADAM COOPER 131 S. DEARBORN ST, CHICAGO, IL 60603	DIRECTOR* 0.00	0.	0.	0.
SCOTT RAFFERTY 131 S. DEARBORN ST, CHICAGO, IL 60603	DIRECTOR* 0.00	0.	0.	0.
*AS NEEDED				
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

•	o If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
-	 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 						
	complete Part II unless you have already been granted a						
	nic filing (e-file). You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mo				· · · · · · · · · · · · · · · · · · ·		
	o file any of the forms listed in Part I or Part II with the exc	•	•				
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of this	s form,	
	w irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I							
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I or						>	
	corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	identification nur	nber (EIN) or	
print	CITADEL FOUNDATION			(X)	36-44824	67	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	(N)	
filing your return See	131 S. DEARBORN STREET						
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.				
	CHICAGO, IL 60603						
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applica	tion	Return	Application			Return	
Is For		Code	ls For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 99	0-EZ	01	Form 4720			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	·		11 .	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	MIN SOK LEE						
	ooks are in the care of DEARBORN	N STR	EET - CHICAGO, IL	<u>60603</u>	·····		
Telep	hone No. ▶ (312) 264-4260		FAX No. 🖎			,	
	organization does not have an office or place of business		•	••		▶	
If this	is for a Group Return, enter the organization's four digit						
box 🔛	. If it is for part of the group, check this box >	and atta	ch a list with the names and EINs o	f all memb	ers the extension	is for.	
1 fr	equest an automatic 3-month (6 months for a corporation $AUGUST\ 15$, 2012 , to file the exemp				The extension		
is	for the organization's return for:	-	•				
	X calendar year 2011 or						
⊳	tax year beginning	, an	d ending				
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period						
	•						
3a If I	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions				3a	\$	0.	
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by	by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.						
Couton	If you are going to make an electronic fund withdrawal v	with this E	om 8868 see Form 8453.EO and E	om 8870	EO for navment in	etructions	

Form_886	8 (Rev. 1-2012)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		▶ [X]	
	ly complete Part II if you have already been granted an a						
• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies nee	ded).	
·	<u> </u>		Enter filer's	Identifyi	ng number,	see instructions	
Type or							
print							
File by the	CITADEL FOUNDATION			X	X 36-4482467		
due date for	Number, street, and room or suite no. If a P.O box, s	Social se	cial security number (SSN)				
filing your return See	131 S. DEARBORN STREET						
City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	CHICAGO, IL 60603						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			[0]4]	
Applicati	on	Return	Application			Return	
is For		Code	Is For			Code	
Form 990		01					
Form 990	-8L	02	Form 1041-A			08	
Form 990	EZ	01	Form 4720			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870						12	
STOP! Do	not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 886	8.	
	MIN SOK LEE						
	oks are in the care of > 131 S. DEARBORD	Y STRI		60603			
	ione No. > (312) 264-4260		FAX No. 🕨				
	organization does not have an office or place of business						
r	s for a Group Return, enter the organization's four digit				_	roup, check this	
box 🕨 L			ch a list with the names and EINs of	all memb	ers the exter	nsion is for.	
		NOVEMI	BER 15, 2012.				
	calendar year 2011 , or other tax year beginning		, and endin	-		,	
6 If th	te tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return L_	J Final ı	retum		
	Change in accounting period						
7 Sta	te in detail why you need the extension XPAYER RESPECTFULLY REQUESTS	מתה ב	TOTONAL TIME TO CO	יים או.ו.ד	TNEOR	MATTON	
	CESSARY TO FILE A COMPLETE A				1111 010	unii on	
1111	CEBBOART TO TIBE A COMPENSE	1110 611	Journal IIII Italian	·			
Ba If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
	refundable credits. See Instructions.	•	•	8a	s	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
	payments made, include any prior year overpayment all	-		}			
	viously with Form 8868.		• •	8b	s	0.	
	ance due, Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
EFT	PS (Electronic Federal Tax Payment System). See instru	ictions.		8c	s	0.	
 * 			t be completed for Part II o	nly.			
Under pena it is true, co	ulties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fo	ing accomp			f my knowledg	ge and belief,	
Signature			fie barde	Date	> 8/	51/21	
	This P	· · · · · · · ·			<u> </u>	868 (Rev. 1-2012)	
						> \ · · · · · · · · · · · · · · · · ·	